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ABSTRACT

This manual addresses the social and legal issues facing college administrators today in dealing with alcohol and other drug problems. It is a guide for colleges and universities to develop individualized alcohol, drug, and traffic safety programs. The first part, entitled "Insights," presents background articles by professionals in higher education, dealing with the various elements a college program should address. The articles include: (1) "The Challenge: Creating Change on the College Campus" (T. Griffin and J.W. Quinlan); (2) "Getting Started" (D.S. Anderson); (3) "Evaluation and Assessment" (T.K. Greenfield); (4) "How to Design Campus Alcohol, Other Drug and Traffic Safety Criteria" (D.C. Roberts); (5) "Large Scale Efforts for Colleges and Universities" (J.S. Keane); (6) "Small Scale Efforts for Colleges and Universities" (J. Kinney and P.E. Meilman); (7) "Dealing With Problems--A Wellness Perspective" (D. Emmerling); and "Dealing With Problems--Intervention, Referral and Treatment" (M.L. Upcraft); (8) "Personnel and Training" (S. Nelson); (9) "The Campus in the Community" (B. Donovan); (10) "Some Final Considerations" (D.D. Gehring, S.M. Janosik, and S.L. Hatos); and (11) "Safety Belt Programs" (J.K. Wener). The second section, entitled "Resources," contains "hands-on" resource materials in support of each of the topics covered in the first section, including sample fact sheets, handouts, posters, and survey and assessment instruments, that have been tried and found successful on college campuses. An appendix contains a list of resource organizations. (Individual articles contain references.) (PRW)

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A Winning Combination

An Alcohol, Other Drug, and Traffic Safety Handbook for College Campuses

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Neither the papers presented in Part 1 of this manual, nor the resources contained in Part 2, should be interpreted as endorsements by or opinions of NHTSA or the Hazelden Foundation. They are included to present the components a college should include in its campus program. In addition, they provide a range of ideas for colleges to use in getting their message to their students and faculty.

Careful planning on the campus is essential: no two campuses will have the same history, local and State laws, goals and needs. The manual should be used as a guide—to help campus personnel develop a program appropriate for that institution.

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Acknowledgements

A Winning Combination is the product of the efforts of many individuals. We thank them and their institutions for their contributions. First of all, we recognize the authors for their contributions to Part I of the handbook. Their timely and concise summaries provide the foundation for a meaningful campus program. A round of applause needs to go to the colleges who provided resources for Part II – not only colleges whose resources appear in the handbook, but also to all the colleges responding to our request for materials. Eric Scharf of the Alcohol and Drugs Problem Association and NHTSA staff reviewed the manuscripts and provided valuable comments. The NHTSA Regional Offices reviewed and provided comments on the entire document. Also, numerous college professionals reviewed and commented on the handbook, from its conceptual design through the manuscript's completion.

We had the vision of this manual, appropriately enough, at a national alcohol prevention conference hosted by the Hazelden Foundation in 1986. It is with sincere appreciation that we recognize the Hazelden Foundation for contributing the creative, and labor-intensive work in producing the manual – the typesetting, layout, cover design, and graphics.

We are proud to bring this resource to you, reflecting the combined efforts of a number of professionals dedicated to promoting the health and safety of our nation's college students.

David Anderson, Ph.D.
Senior Editor

January, 1989

Hazelden Health Promotion Services, a department of Hazelden Services, Inc., a non-profit organization, works with colleges and universities in their role in responding to student concerns, preventing problems and promoting health. For many students, college is the first chance to live independently. Part of the college experience is trying out new roles and behaviors.

The health choices they make during these years lead to habits that can last a lifetime. Students must ask: Is this good for me? Is this really what I want? These choices impact almost every area of life. Decisions about the use of chemicals such as alcohol and other drugs affect student health and safety immediately as well as in the future.

To make the right decisions, students need self-esteem, strong support systems, facts and skills. Through our workshops and training, Hazelden Health Promotion Services has worked with thousands of educators across the country concerned about the health choices their students are making.

Our goal is to help students stay healthy and make responsible decisions about chemical use and nonuse. Our strategies include:

- assessing needs and evaluating existing programs,
- conducting training sessions and workshops for your students and staff,
- providing consultation services to staff and faculty.

For more information on Hazelden Health Promotion Services, please call or write:

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Alcohol, other drugs, and traffic safety: The relationship among these is well documented; and the results of this combination, well-known.

College campuses are not immune from such problems and have recently directed major attention to them. Nonetheless, how many times have you heard the following comments:

- "A drug and alcohol-related program costs too much."
- "We do not really know where to begin."
- "We *do* have an awareness week."
- "The drinking age is 21, so we do not have much of a problem."
- "We simply inherited these problems. The students were this way before they came."
- "We do not have a problem on our campus!"

Comments such as these block ways of effectively addressing the misuse of alcohol and other drugs. In turn, that affects traffic safety as well as health, academic performance, work productivity, interpersonal relationships, and personal happiness.

This manual was developed to help colleges plan effective programs. It was prompted by requests from many college administrators for more "hands-on" materials. Its goal is to share many of the successful resources and activities already implemented around the country. It is the result of collegial sharing by various institutions and agencies, both public and private. The approach used to develop this manual — that of collegial sharing — may be replicated on the local, state, or regional levels.

In Part One, each chapter provides insights on the various elements a campus program requires. All eleven topic areas have brief "think pieces" prepared by respected professionals, incorporating what they believe to be critical elements for inclusion in campus programs. Part Two contains specific resources developed by colleges and other organizations. These include fact sheets, handouts, flyers, and other materials.

The campus administrator should draw insights and materials from each of the eleven topic areas so that a thorough program is implemented. Campus administrators also need to determine what resource items should be included to balance the college's program appropriately.

Alcohol issues are emphasized for four reasons:

1. Alcohol appears to be the "drug of choice" among college students.
2. Alcohol is widely consumed on many college campuses.
3. Alcohol is generally viewed as a "gateway drug".
4. Strategies for preventing other drug usage are not as well developed.

In developing campus programs, strategies should be incorporated into the culture of the campus. That is, promote alcohol and other drug education within the context of wellness or health promotion. Emphasize alcohol, other drug education and safety belt use within the context of safe living, nutrition, physical fitness, and stress-management life skills. In other words, strive for a balanced program.

A recipe for a healthy person would include attention to diet; exercise; sleep; stress management; alcohol, other drug and tobacco use; and safety measures, such as safety belt use and vehicular inspection. Alcohol and other drug misuse can be addressed within the wellness theme through active, conscientious implementation of the policies and the programs included in this manual. Implementing carefully planned strategies is essential for any collegiate effort.

Acknowledging that many fine resources do exist (and that administrators enjoy sharing them!) and realizing that funding may be limited on some campuses, this manual should benefit all users. There are undoubtedly many fine efforts currently being undertaken by colleges that are not included. There is also a limited amount of information regarding effective strategies for other drug activities. The sponsors solicit your comments, suggestions, and any additional information on successful approaches.

The words of Dr. Tom Goodale (current Vice President for Student Affairs at Virginia Tech and a pioneer with collegiate alcohol education efforts) are most instructive. Concluding his address at the First National Conference on Campus Alcohol Policy Initiatives, he stated:

> *"I urge you to act decisively and with some urgency. No more study, no boardroom discourse. Let's get on with it!"*

This manual was prepared with a variety of users in mind. Some are full-time college professionals dedicated to promote traffic safety and reduce alcohol and drug use; others are graduate assistants asked to coordinate a campus program; still others are non-college personnel who want to know what they can do to help. Thus, the contents provide a variety of approaches for use by various personnel with varying skill levels—but with the belief that each of these individuals is dedicated to having "A Winning Combination" on the campus.

Each chapter addresses an important element for this "Winning Combination". Included are both a "think piece" and various resources gathered from campuses throughout the nation. Consumers should feel free to use, adapt, or copy these resources—even use one type of resource as a stimulus for another type (e.g., a poster could spark an idea for a public service announcement). It is appropriate to cite the source of the resource if using or adapting it. Should you have questions about a specific resource, contact the source institution at the address provided at the end of this manual.

With the variety of authors preparing materials for this manual and the numerous resources gathered, no single approach is presented as "the model" and no particular balance of activities is recommended. Many perspectives are presented and different approaches are evident. This is intentional, as the campus program must be tailored to its unique needs. Further, this is designed as a concise overview of the relevant issues; the background statements do not consider all aspects of the topics. Please note that there is some variety with the language used (e.g., DUI, DWI, OUI, and OWI are used interchangeably, according to variations in state laws).

The ideal for any campus is to have each of the eleven issues highlighted by the chapters pulled together to have a "Winning Combination". In some colleges, this may mean incorporating approaches described in this manual into ongoing programs. Others, who are just beginning, may start with targeted activities and add new approaches as time and resources permit. It is the recommendation of the Editorial Board that a single individual on the campus be designated to coordinate the campus effort. A comprehensive program requires the involvement of many, however, there ought to be some individual designated to guide and coordinate their efforts.

In reviewing the chapters, Chapter One contains a conceptual foundation for creating change within a health promotion model. Chapter Two suggests insights for beginning, renewing and sustaining the campus effort, including organizational and staffing issues. Evaluation must begin early, and be comprehensive, as highlighted in Chapter Three. Policies and Procedures, the focus of Chapter Four, are an integral element to any campus program; numerous examples drawn from many campuses are included.

Programs of both a large-scale and a small scale are vital to the success of the campus effort. Large-scale programs, emphasized in Chapter Five, are those which are broad-based and directed to the entire campus population. These typically have one-way communication, while interactive communication is found in small-scale programs. Chapter Six makes this distinction with an emphasis on face-to-face activities for a targeted audience.

Not only must activities address directly the general population, but they must also be prepared to meet specific programs. Chapter Seven has two articles that address dealing with problems from a wellness perspective, and the individual intervention and referral processes. Chapter Eight's emphasis is on the training of staff members who will be given responsibility for addressing these issues. An important component of any campus program—its involvement in the surrounding community—is highlighted in Chapter Nine.

Chapter Ten provides specific focus on the liability issues underlying many collegiate efforts, with sources of liability and recommendations identified to minimize this concern. In Chapter Eleven, the emphasis is upon safety belts—a specific emphasis to this important topic is provided along with concrete approaches.

With this background, users are encouraged to read the eleven "think pieces", and browse through the resources to learn a variety of approaches. Then, the manual user should apply personal energy and commitment in a creative way to have an impact. That's "A Winning Combination"!

[redacted]

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The Challenge: Creating Change on the College Campus

Thomas Griffin, MSW and Joan White Quinlan, MA

Alcohol, other drug and traffic safety problems are a serious concern at colleges—regardless of size—throughout the country. School administrators, students and their parents, professors, law enforcement and health care professionals, religious and business leaders, and the general public are all troubled by the health, social, and economic costs associated with chemical use and motor vehicles by college students. Though this concern is not new, there is a sense of urgency today that is triggering programs and prevention efforts in increasing numbers with youth not yet of college age. A similar finding is observed in the college setting [1-5]. In communities and within the college environment, not all of these efforts are carefully and thoroughly planned, implemented or evaluated. Unfortunately, strategies are not always based on needs identified through a needs assessment process. Some programs are developed without attention given to a sound theoretical base or sound educational principles. Often budget restrictions dictate that colleges are not able to work within the parameters required for controlled research studies. Some colleges have internal leadership and experience, and may proceed without ongoing input from or support of specialists in the substance abuse and traffic safety professions. Yet, many communities expect to achieve fast and dramatic results. Thus, it is not surprising that few are successful in meeting these expectations. In addition to the above, published evaluations of college programs are sparse and if expectations are met, they aren't fully documented.

Findings from research in other health promotion and risk reduction areas gives renewed motivation and optimism to the problems this manual addresses—reducing alcohol, other drug and traffic safety problems among young people. The most promising research stems from programs that are community-based, for it is in communities that norms and laws exist, and drinking and traffic safety risks occur. A college is a small community within a larger community environment. A comprehensive program implemented by a community to reduce alcohol and traffic safety problems should also be implemented within the college. The steps required in developing and implementing college programs are identical to those required in a community-based program (see Chapter 2 "Getting Started"). Change agents within a college will encounter challenges similar to those encountered by communities attempting to change attitudes knowledge and behavior. [6,7]

This chapter will identify commonly encountered problems in initiating alcohol and traffic safety programs. It will also offer suggestions for encouraging development and maintenance of prevention and risk management programs on college campuses.

Common Challenges for College Programs

A variety of issues typically face a college program for alcohol, other drugs and traffic safety:

- Alcohol, other drug and traffic safety problems are often confronted with ambiguity in the United States. For example, some communities and law enforcement officials aggressively enforce driving while intoxicated laws, while others tend to look the other way or escort intoxicated drivers to their homes. Some businesses prohibit the use of tobacco or alcohol by employees while on the job, whereas others often use alcohol for entertaining clients and pay for drinks on employee expense accounts. These examples of inconsistencies represent a common theme of confusion and uncertainty about personally and socially acceptable uses of chemicals in society. This confusion can make the task of establishing college prevention efforts complicated and challenging.

- Initiating prevention programs is difficult in the absence of effective systems to identify and respond to those individuals already experiencing problems. Many school administrators are reluctant to implement a college program without first establishing an identification and referral system for those students exhibiting problems. Students attending class while under the influence of chemicals or a hangover, or injuries and accidents that occur due to alcohol use and intoxication are problems faced by school officials daily. Until these problems are effectively managed, efforts to prevent these problems can take a back seat to the more immediate issues of identification, referral, and counseling. Once they are in place, a college is more likely to attend to the tasks of developing risk management efforts.
- Critics of prevention programs often argue that prevention programs generally do not demonstrate favorable outcomes. The lack of a definite cause-effect relationship that explains alcohol and other drug use problems is an obstacle that is difficult to overcome. Some suggest that enforcement or rehabilitation of problem users is the only answer. However, recent efforts are bringing clarity to those environmental, personality, and behavioral characteristics that are predictive of health behaviors. It is critical that these new, innovative ideas be disseminated in ways that are understandable and believable to the general school population.

Four Steps to Matching College Needs and Programs

There are four steps to initiating a college program:

1. problem recognition;
2. program design and implementation;
3. activity development; and
4. program integration.

Recognizing the existence and impact of alcohol, other drug and traffic safety problems on the campus is the first step in initiating a program. It is commonly accepted that alcohol and other drug use by young adults is a serious concern and can lead to problems such as motor vehicle crashes, declining grades, chemical dependency, and death. Despite the wealth of data testifying to these problems [8], the clear impact of alcohol on driving and pedestrian crashes [9], and many other indicators, some educational leaders are reluctant to acknowledge that these problems occur on their campus. The college can be an effective institution to begin efforts or to reinforce programs being conducted in the elementary and high schools. In addition, the college can serve as a catalyst for action in other areas of a community. (See Chapter 9 for further discussion.)

Designing and implementing a system of identification and referral is a second step in creating an alcohol, other drug and traffic safety program. The goal of this element is to respond systematically and professionally to students' problems as they are manifested on the campus. Often, a student may simultaneously exhibit problem behaviors in more than one area. Regardless of the identified problems, a system to help troubled students is often perceived as a prerequisite to prevention programs. Chapter 7 provides thoughtful advice on this crucial program element.

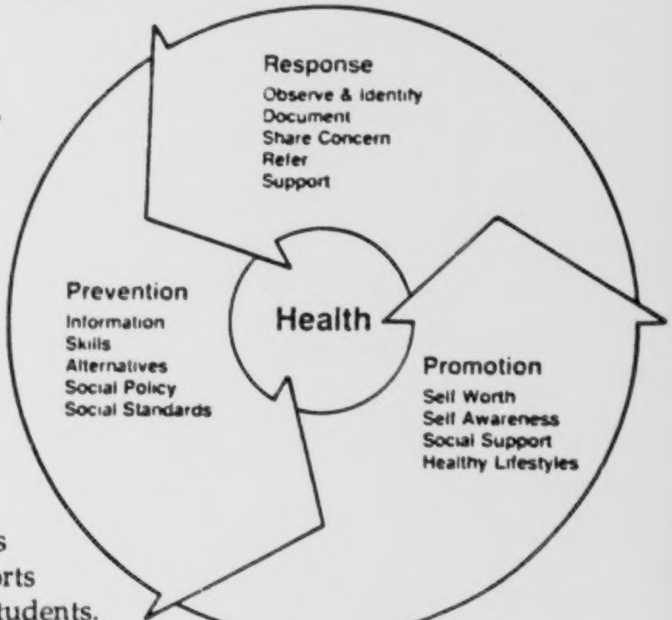
Development of prevention strategies targeted to specific problems is frequently the third phase of programming. Two examples of specially targeted programs are efforts focused on reducing drinking and driving, and efforts emphasizing specific social consequences of losing control due to intoxication. These efforts are different from past efforts that intended to prevent chemical dependency with little attention to other kinds of problem behavior. In addition, many of these initiatives are often targeted to specific populations at risk for experiencing problems.

A fourth step in program initiation is to expand ongoing efforts into broader health promotion efforts designed to increase health-enhancing behaviors. Controlled studies demonstrating the effectiveness of this approach do not yet exist. However, there is an intuitive appeal in encouraging young people to engage in a lifestyle that emphasizes healthy choices and does not allow health-compromising or potentially self-destructive behaviors. A clear advantage of the broader health promotion approach is the potential to establish goals for healthy behavior. The more targeted chemical use problem prevention efforts only address high risk behaviors. Helping young adults strive toward healthy behaviors encourages them to set goals, establish personal behavior standards, and apply these acquired skills to a variety of life situations. A college has many goals to accomplish in providing an education to its students. Colleges and universities can set as a major goal their students' attainment of personal objectives, and even assign it a high priority.

Role of the College

The college role in addressing alcohol, other drug and traffic safety problems is threefold: response to existing problems, prevention of future problems, and the promotion of health.

Each component is important and can improve the health of individual students and the campus environment. Despite the relevance and importance of each component to the well being of the school, many institutions develop these components separately and in a predictable sequence. A system of responses to specific behavior problems of students typically precedes generalized efforts to prevent specific chemical use problems of students. General health promotion strategies and programs often follow implementation of specific prevention efforts.



Clearly, each component can be understood as part of a more encompassing conceptual model of health promotion [10]. Yet, practically all schools work on each component separately. A challenge to change agents within colleges is to encourage a blending of these program components in both theory and practice.

There are excellent health promotion and risk management studies that have successfully integrated various program components. Examples of these programs include the Stanford Health Disease Prevention Program and the Minnesota Heart Health Program—both of which had positive outcomes while combining a multiplicity of strategies addressing changes in attitudes, knowledge and behavior [11]. Generally, the alcohol and other drug and traffic safety field does not implement programs that are as comprehensive in nature as the two programs noted above.

In an Interim Report on "Determinants of Youth Attitudes and Skills Towards which Drinking/Driving Prevention Programs Should Be Directed—Volume I," Klitzner [12] reviewed currently operating youth DWI prevention programs. His findings are critical, and indicated that programs generally:

- lack a strong theoretical grounding for program activities;
- view DWI problems as located within the individual to the exclusion of other levels of behavioral influence;
- need additional attention to implementation issues; and,
- need more sophisticated and widespread program evaluations.

Klitzner's summary provides four key points for college administrators to consider when developing college-based programs, which will help ensure that future evaluations of college youth programs yield significantly different results.

Just as drug use offers a fast, predictable, and relatively easy method to satisfy specific personal needs, colleges can be lured by strategies offering immediate and dramatic resolution of chemical use and driving problems. The complexity of factors influencing risk-taking behavior is well known. In order to address this issue comprehensively, three types of factors must be targeted (predisposing, reinforcing and enabling), not only within the individual but within the individual's environment (Klitzner). The environment includes several spheres of influence:

- the family and peers
- the school and the community
- the state and federal government (laws and regulations)
- the larger social structure that includes norms and values
- the influence of mass media.

Figure 2 suggests possible objectives for a comprehensive program that addresses these myriad influences.

Figure 2

Possible Objectives for Inclusion in a Comprehensive College Prevention Effort

Individual

- Increase knowledge of the effects of alcohol on driving.
- Increase knowledge of the social pressures that increase traffic safety risk.
- Increase knowledge about the effectiveness of safety belt use.
- Increase skills in resisting social pressures.
- Increase knowledge of and positive attitudes toward alternatives to nonuse of alcohol and other drugs.
- Increase knowledge of and positive attitudes toward alternatives to drinking and driving or riding with an intoxicated individual.

Peer

- Alter peer norms regarding drinking and drug use.
- Alter peer norms regarding drinking and driving, and riding with an intoxicated driver.
- Alter peer norms regarding intervening with an impaired driver (e.g. taking car keys, providing alternative transportation).
- Alter peer norms regarding safety belt use and asking others to "buckle-up."

Family

- Increase knowledge of the role of the family in early teaching/modeling of alcohol-related safety behavior.
- Alter family norms regarding drinking, driving and riding with an intoxicated individual, use of safety belts.

School

- Develop strong, consistent school policies and procedures regarding nonuse of alcohol and other drugs.
- Oversee student organizations to ensure appropriate policies and procedures regarding nonuse.
- Project consistent, clear messages regarding safety belt use for school-owned vehicles.

Community

- Develop and enforce local ABC policies, drinking/driving laws.
- Provide attractive alternative activities to underage drinking and drug use.
- Provide accessible alternative modes of transportation.
- Promote cooperation in developing and implementing policies and programs.

Cultural

- Alter the image of drinking and driving portrayed in the mass media.
- Develop and implement public policy.

Adapted from presentation made by Michael Klitzner, Ph.D., at a Alcohol and Traffic Safety Youth meeting sponsored by the National Highway Traffic Safety Administration. October 1986.

Summary

Schools have the potential to help establish social norms concerning chemical use and driving that will reduce problems and encourage personal and social responsibility (13). Colleges can provide information and life skills training as well as positive adult role models. These efforts will increase the likelihood that students will develop healthy and safe lifestyles.

Current social norms about chemical use and driving are reflected in the college community. Furthermore, the college community is an integral part of a larger community environment—both are fertile, powerful, and necessary environments for changing norms. Colleges can challenge and help the community reflect on their chemical use and driving patterns. Prevention cannot be a task assigned only to the college campus and focused only on youth. It is a responsibility to be shared by the college and the larger community. No single institution can successfully accomplish the task of reducing alcohol-related traffic safety risks. Working cooperatively, each institution and organization has a powerful role to play.

The challenge is to recognize the need for sending consistent messages and the benefits of cooperation, collaboration and coordination and commitment. The potential to reduce the number and severity of problems of college-age youth depends upon:

- assessing needs,
- planning programs based on needs,
- implementing theoretically sound and practical programs, and
- evaluating program impact regularly.

These outcomes can be achieved only through a dialog among educators, government officials, business leaders, students and their parents, public health and traffic safety professionals, and the research community. Each group can benefit from the knowledge, insights and skills offered by the others. By working together and using resources such as this manual, the potential impact of college programs will be greatly enhanced.

Tom Griffin, MSW, is currently serving as Manager, Health Promotion Services, Hazelden Foundation, Minneapolis, Minnesota. Joan White Quinlan, MA, is currently the Prevention and Intervention Program Coordinator, Office of Alcohol and State Programs, NHTSA, Washington, D.C. All opinions, findings and recommendations contained herein are those of the authors, and do not necessarily represent those of Hazelden Foundation or of NHTSA. This article was adapted from Griffin, T.: "Community-Based Chemical Use Problem Prevention," Journal of School Health, Vol. 56, No. 9, November 1986, pp. 414-417.

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Getting Started

David S. Anderson, Ph.D.

The process of "getting started" with alcohol, other drug and traffic safety programs is a critical one, as it sets the stage for future activities. Ideally, some thought, time, and funding should be invested in these programs. The return on this investment will be realized in both the short term (with reduced alcohol-related mishaps, decreased vandalism, and hopefully greater student satisfaction), and the long term (with enhanced life skills, a reduced potential for misuse of alcohol, other drugs and safe driving habits). Certainly, actively addressing these issues is consistent with the student development themes espoused by college student affairs practitioners and in the professional literature.

The goal of this chapter parallels the goals of this resource manual—developing the competence, confidence, and commitment needed regarding alcohol, other drug and traffic safety issues. Each goal is essential to the success of any program effort. The absence of just one will result in an incomplete and unsatisfactory approach. With the suggestions that follow in this and other chapters, each goal can be attained.

The following elements are vital to starting (or reformulating) effective collegiate prevention programs.

1. *Vision*

All efforts begin with those dedicated individuals—professionals or students—who are not satisfied with "what is," and who have some thoughts about "what could be." This vision ought to be captured and nurtured. Concerned individuals should have an ideal image of what life on campus could be like. Consider the following items of campus life when formulating the ideal campus image: (1) the environment within the residence halls, (2) the nature of the fraternity and sorority system, (3) the interaction between the campus and the local community, (4) the quality of student involvement, and (5) the level of academic performance. There should be thought about how these aspects of campus life would be different if there were greater awareness and responsibility regarding substance use or misuse. Campus programs should begin with such a vision that is both idealistic and realistic. The vision should begin with the ideal, followed by a careful assessment of the reality factors (more details on this will follow in Section 2). Care should be taken not to lose sight of this vision throughout the getting started and implementation phases of the program's development.

2. *Baseline Context*

How does one know what the students' needs are? And how does one know whether, in fact, the efforts are making a difference in the ways considered with the ideal campus image above? A fundamental way of answering these questions is to conduct both formal and informal assessments. Formal assessments include self-reported data through approaches such as surveys, an examination of behavioral infractions, a review of medical records, and a study of why students leave the institution. Informal assessments include discussions with students and other professionals about what their needs are and what might be effective. All assessments should attempt to gather some baseline information on knowledge, attitudes and practices. Such approaches will help to:

- build evidence of the extent to which alcohol, other drug abuse and safe driving issues need attention on the campus,
- provide some specific direction for targeted needs, and
- provide a base from which future comparisons can be made.

(More specific guidelines on evaluation and assessment is in Chapter 3.)

The initial review of the baseline context extends beyond this organized research to include reality factors. One also needs to examine the history of prevention and intervention efforts on the campus, noting ways in which previous efforts were and were not successful, and why. Current activities need to be carefully reviewed and incorporated into the planning effort. Further, a careful examination of the political environment on the campus must be conducted. Planners must understand both (a) what might be politically unwieldy, and (b) what efforts might be viewed positively following internal and external scrutiny. Well planned and executed efforts can enhance the quality of campus life, thereby promoting a more positive image of life on the campus. The efforts must always be sensitive to this public scrutiny and be planned with it in mind.

3. *Planning Committee*

To begin the specific planning efforts, a broad-based planning committee should be established which has the support of appropriate campus administrators, including a "charge" or an endorsement of the proposed efforts. This committee should be an institution-wide group and include individuals from the local community. Consider including representatives from the faculty; student affairs staff; student organizations; student programming groups; sub-populations (e.g., fraternities, sororities, residence halls, off-campus students); disciplinary office; health education office; health center; counseling center; police; legal affairs; student activities; campus newspaper; student government; local alcohol and drug agencies; local alcohol industry (distributors, tavern owners); and local government. A balance needs to be reached between having a committee that is a manageable size, and having a committee that is representative so that it becomes institutionalized. Consider also involving students who are not campus leaders in the efforts so that the entire student body is represented.

The planning committee can identify general goals (the "vision" noted above) and themes that they do and do not wish to communicate. The group should meet on a regular basis, with specific tasks and set timetables for completion. They also need to be reminded regularly that what they are doing is important. Because the process of developing a solid foundation is a critical and often frustrating one, the committee needs to be nurtured appropriately. Members will frequently want to implement an activity immediately; this should be delayed until the group has a firm foundation and is prepared to have a positive, successful activity.

4. *Philosophical Base*

Part of the Planning Committee's role is to understand (1) what the students' knowledge, attitudes, and practices are, and (2) where the committee would like them to be (the dreams or goals referred to above). The philosophical thrust of the campus effort should be broad based. That is, alcohol, other drug and traffic safety efforts should be emphasized within a healthy lifestyle or wellness approach. Further, the efforts of the committee should be focused on more than these specific issues. There should also be:

- life skills training on topics such as assertiveness, decision making, interpersonal relationships, and values;
- encouragement for increased alternative activities; and
- greater incorporation of these issues into the academic aspects of the institution.

Planners should consider examining policies, programs, and personnel for implementation of the specified goals—failure to implement the goals in any of these areas will more than likely result in an incomplete effort.

In the philosophical discussion, consider whether it is expected that programs and activities in and of themselves will result in the desired outcomes. Human behavioral change will result primarily from interaction with (and intervention by) another individual. Other generalized efforts will provide a necessary support base and encouragement for these interventions to be more successful. Throughout the philosophical considerations, it is important to remember that the primary target audience is students who are in the process of development. However, professionals and student leaders should provide an environment that both reduces negative attitudes and behaviors, and enhances positive attitudes and behaviors. These professionals and student leaders serve as role models for the student population. Therefore, they should model the healthy lifestyle they promote.

5. *Student Role*

Meaningful student involvement is essential in both planning and implementing a program effort. Students' needs and insights are valuable for planners, and students can provide feedback on the effectiveness of program efforts. Providing a "pulse" of campus life, student representatives can let other committee members know what is really happening on the campus. Further, student support of both campus-wide and community-wide efforts is critical for the success of the program. Finally, this experience adds to student development. In addition, some students were involved in high school alcohol and safety prevention activities. Thus, this expertise in planning, implementing and being peer counselors is valuable.

6. *Planning Implementation*

With the general foundation prepared, the planners need to translate these concepts into a format for public dissemination. One approach would be to sell the concept as "themes to communicate," making themes concise and easily understood by those not acquainted with the planning efforts. The committee may also wish to have focal points or themes for the academic term or year. These identified "themes" should be translated into specific, concrete objectives which are measurable and attainable within an identified time frame.

It will be necessary to help groups develop some broad prevention and intervention objectives because groups typically take a narrow focus. Using the organizational model below, efforts can be directed to provide a well-rounded program. For example, a fraternity wishing to implement alcohol, other drug, and traffic safety efforts should consider "filling in all the boxes." Specifically, in Box A, the fraternity as a whole should ensure that its members are knowledgeable, personally responsible, and have certain common values. For Box B, fraternity members should be encouraged to intervene with those perceived as having a substance abuse problem and those needing immediate attention (e.g., a person who drinks and then wants to drive). The fraternity needs to establish norms for itself (Box C), e.g., substance-impaired driving, or nonalcoholic beverage policies for parties. Finally, fraternities should initiate campus-wide alcohol and other drug prevention and intervention efforts, raise funds to support such efforts, and participate (actively and visibly) in program activities (Box D).

	Group Member	Group
Emphasis on Self	A	C
Emphasis on Reaching Out to Others	B	D

7. *Resources*

Personnel resources for the college prevention and intervention effort should incorporate a variety of constituencies from the campus, as well as involving numerous individuals from the local community. There are a variety of professionals and other community members with diverse areas of expertise who can provide guidance and assistance in the campus effort. Such individuals include (1) local highway safety, drug and alcohol agency personnel, (2) health educators, (3) physicians, (4) attorneys, (5) law enforcement personnel, (6) rehabilitation counselors, (7) media personnel, and (8) recovering alcoholics and other former drug users. These individuals may be helpful both directly (by conducting programs or leading discussions), or indirectly (by helping create or review activities).

In addition to the personnel resources, funding is often an important concern for planners. There are two types of financial support. (1) Direct funding may result from a budgetary allocation to the planning group or to a specified student organization, through donations; money designated for specific projects, or designated through an organization's or administrative department's budget; and fund raising (either by the planning group or by other groups supportive of these efforts). (2) Indirect funding may include services of an in-kind nature, such as donations of prizes, advertising, printing, postage, telephone, and secretarial or administrative assistance.

Typically, planners cite the lack of funds for the absence of a prevention program. Although funding plays an important part, the single most important resource is people.

Individuals are needed who are competent, confident, and committed to maintain their vision—in other words, see their dreams become reality.

This manual testifies to another type of resource. Each campus need not begin from scratch; there are numerous resources already available, and colleagues are often willing to share their resources. There are federal, state, and local agencies that have printed materials available which can be used directly or adapted as needed. A listing of many nation-wide resources is included in the Appendix. Local resources can further enhance this listing.

8. *Build Success*

Implementation is an exciting part of the "getting started" process as specific ideas and goals actually come to fruition. To present a positive image as well as to sustain the energy and commitment of the planning committee members, activities and projects should be selected which will produce a string of small successes leading to larger ones. Efforts could be a cartoon series in the campus newspaper, some catchy posters on campus, or a major event such as a renowned speaker or a theme party.

At the beginning and throughout the implementation of the campus alcohol program, it is important to have a variety of approaches. Efforts should be:

- formal and informal;
- large and small;
- personal and impersonal;
- direct and indirect (e.g., staff training).

The variety of strategies included in this manual exemplifies the diversity which should be represented in the campus effort. The basis for this variety is simple: research shows that individuals will change their behavior when exposed to different approaches, in particular combining media campaigns with face-to-face education.

9. *Model*

Role modeling occurs at several levels throughout the "getting started" process. On an individual basis, professional staff members demonstrate skills and behavior which are emulated by students. Student leaders also model attitudes and behaviors. From a group perspective, the campus effort can be replicated on smaller levels. Identified groups (such as fraternities, sororities, residence halls, and other organizations) can become involved in a similar process of clearly identifying their goals, planning activities, evaluating, fund raising, and providing training. These groups must be encouraged (and challenged!) to ask of themselves how they might become involved, rather than whether they should get involved in alcohol and other drug program activities.

10. *Prepare for Ongoing Efforts*

Once the implementation of activities has begun, an appropriate oversight function needs to be performed. An oversight committee should be established with a broad-based constituency similar to the initial planning committee. Its role should be clearly defined, meaningful, and productive. The committee should also maintain a level of creativity and fun for those involved. Funding sources should be nurtured and new sources continually sought. There may be a group or organization (BACCHUS, Boost Alcohol Consciousness Concerning the Health of University Students, is a national organization with 250 chapters; Campus Challenge is a recent outgrowth of PRIDE, National Parent's Resource Institute for Drug Education) with primary responsibility for implementing the campus efforts. Because the oversight committee maintains a broad perspective and involves numerous groups, it is critical. While it may be desirable to have one group with a primary role for programming, remember that a successful campus effort will implement a variety of strategies in a variety of settings by a variety of individuals and groups. Not only can the oversight group help determine these needs, it can also encourage (a) appropriate incorporation of materials and examples into existing courses, (b) necessary levels of training for professional and paraprofessional staff, (c) desired policy and procedural changes, and (d) other approaches to promote traffic safety and address the use of drugs and alcohol. It is recommended that there be a designated individual to coordinate or serve as a focal point for the efforts. This may become a supplemental responsibility of an existing staff member, or may become the total role of a full-time staff member, graduate student, or undergraduate student. To be effective, however, the responsibility must be shared by numerous organizations, offices and individuals with each groups' specific responsibilities clearly defined and agreed upon.

11. *Keeping the Vision*

The campus program began with dreams and a vision. Such vision must be maintained, although this is often difficult in the face of daily concerns with:

- implementation details, or
- disappointment encountered through minor setbacks such as not seeing the immediate success anticipated.

The perspective of what is desired and what is blocking goal attainment will help achieve the goals. Persistence and patience are both important - changes will not occur overnight and may not be easily measurable. However, when changes are observed, that news should be spread throughout the Campus to reinforce participants. All involved in and supportive of the campus effort should be rewarded, for without their active support there would not be a collegiate effort. Through continual evaluation—with ongoing assessment as well as feedback on specific efforts—planners and organizers can determine the changing nature and needs of the student body and reformulate goals and plans as necessary. Remember that change is slow. It is important, also, to realize that some effects my not be visible while the student is on the campus. Rather, these efforts may represent the seeds that will grow at a later time.

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Evaluation and Assessment

Thomas K. Greenfield, Ph.D.

A chapter on evaluation and assessment usually comes at the end of program manuals, a natural place from the standpoint of examining "after-the-fact" impacts of whatever activities were actually carried out. Such a summative evaluation is usually designed to deliver a meaningful assessment of a program's overall strengths and weaknesses, often at the end of an academic year or funding period. In principle, it is hoped that administrators, boards, or others supporting the effort can make more informed choices regarding the project's:

- continuation
- needed modifications
- future priorities
- resource allocation
- staffing patterns
- decision to replicate the program elsewhere

A fair generalization is that the majority of evaluations produce "after-the-fact" findings which are not well-utilized.

This manual has adopted a different approach. Evaluation and assessment are discussed early in the manual, a reflection of a developing consensus among evaluators that the evaluation process and activities must begin in the early stages of program planning and design.

A better strategy, however, is to begin the evaluation process at an even earlier point. A desirable time is in conjunction with planning an initial needs assessment (see Chapter 2), and it should involve designing a plan to use the program's outcome. This is obviously so for formative evaluations—those activities done in the spirit of Kurt Lewin's "action research" designed to feed back informal and tentative findings to program staff. But, it holds equally for outcome evaluations—those activities conducted to determine the effectiveness of various programs, approaches or treatments. The need for evaluation and assessment will be discussed in greater detail below, but among the most important and compelling reasons are to ensure good measures of project objectives and better use of results.

A major journal in the evaluation field is called *Evaluation and Program Planning*, a title that captures what we have in mind. Planning for program efforts and outcomes will be improved if program implementation integrates practical evaluation steps at every phase. This chapter identifies issues and suggests resources that can help, most of which are included in the Resource Section. The suggestions include some thoughts on getting started, and pragmatic recommendations for the implementation phase.

Select an Evaluation Model or Guiding Plan

The first consideration in getting started is to choose an overall approach. The Program Development Evaluation (PDE) model of Gottfredson (1984) is one that should be considered. In brief, the PDE model suggests that you:

- Choose intervention approaches thoughtfully, based on current knowledge (e.g., use influential peers to persuade).
- Identify measurable goals and objectives (e.g., intermediate outcomes).
- Integrate evaluation, program planning and implementation.
- Monitor attainment of critical benchmarks of organizational change.
- Check repeatedly to see if the program is practicing what it preaches.

Keep It Practical

It has been suggested that a minimum of 20 percent of the project's resources should go to evaluation or "knowledge generation." This may be a relatively low figure for producing reliable results. Truly integrated evaluation melds with implementation, and a synergy results. To evaluate effectively:

- Do not let the scale and scope of the evaluation (or the project!) be overblown—which could cause delays or "bog down" the project.
- List tasks and resources—and use this list to realistically test your capabilities.
- Use resources proportionally through all phases—e.g. resist collecting more data than can be processed. Remember the writing tasks ahead, and leave sufficient time and energy to assure completion.
- Use research consultants cautiously and carefully manage them—or you may find yourself with a compromised focus.
- Encourage and coordinate student research projects wherever possible—to gain power while maintaining standards and direction.
- Borrow existing methods, instruments, and conceptualizations where appropriate. Do not re-invent the wheel.

Know the Evaluation's Goals and Audiences

In addition to knowing the program's goals, know the purpose and audience for the evaluation. Evaluation is inherently a political process. Although "outside" evaluators are freer to bring good or bad news, they can also be as readily discounted as "inside" evaluators. If the program evaluates itself, objectivity or even integrity may be sacrificed by inadvertently biased results. Because there are so many constituencies and audiences who play a role in determining program directions, utilization of evaluation findings should be thought of very broadly in the university community. Whether or not these constituencies are informed is critical; information is a power which can be potent. Therefore:

- Select methods appropriate for the problem and audience(s). It may be necessary to employ a number of different methods, since the audience for the evaluation will vary widely.
- Target policy-makers and those who "call the shots." Write as if you were orally presenting information to them. Provide them with information you and they will read; do not overburden them with unnecessary details.
- Contact the college newspaper—consumers may be the most important audience and administrators cannot afford to be unaware of what is in the student eye.

- Use scholarly technical reports—as they can be influential with the important constituency of faculty (and even some administrators!). A good abstract or prominent summary of key issues is very important.
- Invite comment on well-produced drafts before finalizing. In this way, ownership of results by a broader group is enhanced (including overseers and sponsors).
- Promise results to those who are surveyed. This will enhance response rates and build awareness.

Information Collection

The actual implementation of evaluation steps begins with the collection of information. Austin et al. (1982; p. 39) provides a Four-Step Decision-Making Guide for determining information needs, with each step augmented by other questions (omitted here):

Step 1. What is the problem and who is concerned about it?
Step 2. Where can we get the necessary information?
Step 3. How good will the information be?
Step 4. Who will collect and report the information?

The last might better read "collect, process and report," since the data management and analysis often present major hurdles to evaluators or practitioners. Based on experience with many alcohol abuse programs and health promotion evaluations, I would add the following suggestions:

- Maximize use of "archival" data or routine forms (e.g. critical incident records from residence halls, emergency room admissions, public police or court records, summary admission statistics from county or university agencies). The inability to obtain such information, either because of poor record keeping or unwillingness to make records public, can be a useful indicator of an organizational "readiness" to realistically address alcohol problems.

- Identify and specify outcomes, especially in regard to alcohol beverage consumption and problem types. For example, indicators of quantity-per-occasion may be much better than frequency of drinking if we wish to reduce levels of driving while intoxicated or other risks associated with problem drinking (eg. Greenfield, 1986).

- Provide feedback to the survey respondents. Data can be interesting for them and also provide an opportunity for self-appraisal. Be aware that surveys can be a program itself, reaching a surprisingly large audience.

- Focus on intermediate objectives which are more concrete, more readily assessed, and more likely to be affected by programs, than long-term goals. Consumer/participant satisfaction; program coverage or exposure of students to activities; staff effort; and program visibility are all instrumental in assuring program effectiveness.

Kill Many Birds with Each Stone

A survey can serve many purposes. For example, in a series of evaluations conducted at Washington State University, baseline measures served the following purposes:

- Needs assessment, targeting campus high-risk groups and identifying common problems.
- Pre-tests, allowing changes over time to be more adequately estimated.
- Indicators of student background and characteristics, such as age of beginning various types of drinking, high school consumption, parental drinking problems, etc., for a better understanding of who we were trying to reach and providing external control variables.
- Justification for successful funding requests, both extramural and intramural.
- Selection of prevention approaches most likely to be accepted by students as credible and salient.
- Intervention planning incorporating awareness levels, motivations, etc.

Specific examples of studies generated from the above-mentioned survey included an examination of the likelihood of students attending certain types and formats of programs and determining the extent to which particular strategies reduced or limited drinking.

Assessing such motivations holds great promise for: (a) selecting those heavily drinking candidates who may benefit from specific interventions; (b) identifying meaningful motivations for changing behavior; and (c) allowing mass-media programs, such as public service announcements, to build upon a pre-existing favorable attitude base, reinforcing behavioral change by using credible messages.

For example, in the Washington State University study, we found, at the outset, that 95.5 percent of the Freshman agreed that "knowing I am going to drive" was a very (84.6 percent) or fairly (10.9 percent) important reason for personally limiting their drinking. Yet, 9.1 percent indicated having been "stopped by the police for driving while intoxicated (whether or not cited)" and fully 34.1 percent acknowledged "driving a car after having had too much to drink . . ." during the past year. Similarly, large proportions indicated academic motivations for self-regulation (to bring grades up or desire to do well on an important test). Nevertheless, 20.9 percent stated drinking had "interfered with attending classes or work." These results can be used to work on decreasing discrepancy between attitudes and behavior (in the direction of altering behavior!). It is promising that while only 6.4 percent of the student sample acknowledged having some drinking problems themselves (but saw 34 percent of their friends this way!), 19.5 percent admitted having "worried about (their) own drinking at times, about developing alcohol problems or becoming an alcoholic." There is a substantial, fertile, target population for planting appropriate messages. Public Service Announcements and other media messages can be effective if deemed credible to students in content, format and source, and designed to address attitudes, environmental norms, beliefs and behavior (cf. Flay, 1981).

Dissemination of Findings

A good evaluation can be used to assess an organization's resistance to change, as well as the defenses of individual members of a community. In part, the publicity generated by the dissemination of results can serve some of the following purposes:

- To demonstrate that we can talk about problems objectively, and in positive ways, perhaps even with some humor—which can be particularly reassuring to parents, alumni and administrators.
- To seek solutions together and build a sense of participation—e.g., participation in a national movement.
- To gather data on constituencies, attitudes, feelings, needs and concerns—which can enhance understanding and/or reveal organizational inertia.
- To reduce resistance directly by identifying real causes. For example, at Washington State, fraternities became less opposed to self-regulation efforts when results were publicized indicating that "birds-of-a-feather-flock-together" was a better explanation of heavy Greek drinking than was some corrupting influence of the Greek environment, per se. (Independence in lifestyle choice remains a strong norm for all students—especially fraternity brothers—and the problem is better framed this way than as peer pressure, which is strongly denied, regardless of its possible truth).

Summary

To reiterate, attention must be given to planning and integrating evaluations to achieve a useful synergy with program development and implementation. Programs are most effective when shaped by a continual stream of relevant data of kinds meaningful to the program director and staff. Periodic summative evaluation aimed at external audiences, such as those administratively responsible, and other concerned constituencies are also improved when designed in interaction with project planners.

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How To Design Campus Alcohol, Other Drug and Traffic Safety Criteria

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The intent of this chapter is to help the reader understand key issues of how to devise an appropriate and effective campus alcohol policy. Recommendations made relate directly to the "Model Campus Alcohol Policy" of the Inter-Association Task Force on Campus Alcohol Issues (used as a resource for this chapter). It is believed that this "Model Campus Alcohol Policy" has become recognized as a standard for educational institutions. The doctrine of "duty to care" naturally seeks broadly disseminated and accepted standards. Even though not yet tested in any court proceedings, the model policy could likely establish the specific "duty to care" criteria for which any institution could be held accountable.

Rationale for a Policy

There are several fundamental reasons for a policy. First, it is believed that a policy is essential in the effort to reduce drug and alcohol-related driving injuries and fatalities. Second, campuses need to have a formal set of standards to maintain order within its boundaries. Third, some clear norms should be communicated to students, faculty and staff. This is helpful, as individuals desire some guidance and clarity of expectations. Fourth, the institution has the opportunity to express its philosophy in a concrete manner; this way, norms can be affected. Fifth, universities should be establishing norms to gain the respect of the surrounding community (i.e., promoting activities so that impaired driving is reduced). Finally, institutions are in the process of educating students and developing leadership. The campus effort is incomplete if policies and procedures are not clear. It should also be noted that policies must be both enforceable and enforced; to simply have the procedures is not sufficient, both from an educational and from a legal perspective (Chapter 10).

Preparing to Develop the Policy

The first consideration in relation to the Campus policy is "When should the policy be reviewed?" Obviously, when changes in law occur which directly relate to the policy, a study process should be initiated. However, periodic review of the campus policy should occur on a regular basis to recognize and respond to subtle shifts in trends of alcohol consumption or other drug use among all community members. Providing a periodic review process also avoids the "panic" revision which can result in a less than adequate policy design.

Several major concerns need to be considered before one embarks on either the creation or revision of the campus alcohol policy. These considerations relate to the actual formation of a committee and the development of an atmosphere which is essential in this group:

1. *The Policy is Most Effective when It Relates to the Entire Campus*

Alcohol policy is frequently designed with student behavior in mind. However, it is very likely that alcohol is consumed in a variety of other campus locations and functions which may include faculty receptions, campus guest events, fund raising and alumni activities. If students are denied opportunities which are allowed for other campus entities, they will quickly identify this discrepancy. In a higher education adult community, privileges should be fairly and consistently offered. Even though student behavior is often the most frequent source of difficulty, the entire community can benefit from appropriate, helpful guidelines and standards about the proper adult use or nonuse of alcohol.

2. *Campus Alcohol Policy Design Should Be Conducted Through an Effective Committee*

Inclusiveness should result in both a better outcome in policy determination as well as a broader acceptance and endorsement of the policy. Key constituencies to include in the committee are students (including representatives of various student sub-populations), administrative staff, program staff, faculty, alumni, community members and parents. Committee members should be oriented to their responsibilities as the committee begins its deliberations. This orientation should provide direction on the representative role, as well as the responsibility to voice concerns of their peer group. Further, the importance of having a conduit of information from the committee to the specific constituent group should be emphasized.

3. *Students are Part of the Solution, Not Just the Object of the Policy*

Students need to be included, as responsible adults, in a tough decision-making process. The use of alcohol is perceived as being a symbol of adult privilege and, therefore, can become an emotionally charged issue. One way to bring students into that tough adult role is to identify clearly the legal provisions and restrictions which cannot be avoided or circumvented.

4. *The Office of Legal Affairs will Surely have Something to Say*

The university attorney or a representative should be included on the committee or consulted from the start. This will avoid the possibility of overlooking any important legal considerations.

5. *Don't Rush*

Quality decisions are seldom reached under pressure of time. Periodic review should help anticipate needed changes in policy. Even if one gets caught in an "emergency" which requires immediate revision, it is probably better to determine a temporary response. Then, after the "dust has settled," begin the continuing review process which allows the committee to determine a more pervasive policy at a leisurely and reflective pace.

6. *Take the Opportunity to Incorporate Related Issues*

Specifically, a campus can decide to take a stand on issues it views as intolerable. Some examples include restrictions on tailgate parties, requirements for seat belt usage (while on campus or while in an institutional vehicle), and standards against impaired driving on campus. Further, an institution may consider restricting driving or parking privileges for offenders of these issues, even if the DWI offense occurred off campus.

Writing the Policy

The Inter-Association Task Force on Campus Alcohol Issues' model policy guidelines provide an excellent starting point for the local campus alcohol policy committee. Discussion of a handout of this model should be on the agenda of one of the first committee meetings. However, every campus alcohol policy will have to be tailor-made to the unique needs and history of the campus. Several broad principles that should be considered in the policy development:

1. Acknowledgement that drinking is a choice, and that choosing not to drink is just as legitimate a choice for an adult as choosing to drink. It should also acknowledge that there are numerous choices to be made (when, where, why, how much, etc.) after an adult has made the decision about whether to drink.
2. Provide appropriate guidelines on having alcoholic beverages available at social and program events, and encourage and support numerous alternative activities where alcohol beverages will not be available.
3. Research and clearly identify the institutional values which could possibly affect alcohol consumption in the academic community. This is a good starting point in determining policy.
4. Attempt to get all campus organizations who want to host events involving alcohol to address alcohol policy and education in their own mission statements, by-laws, and procedures.
5. Define realistic checks and controls, rather than an idealized state which is unenforceable, for an effective campus alcohol policy.

Summary

Ultimately, research on changes in laws related to alcohol and its effect on changing individual use of alcoholic beverages has provided mixed results. Policy determination should also recognize the fallibility of law and policy in this regard. The combination of policy and education is necessary in order to achieve long-lasting results. Policy designers should always be quick to support ongoing alcohol-education efforts on the campus and in the broader community, as addressed further in Chapters 5, 6, and 9.

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Large Scale Efforts for Colleges and Universities

Jeraldine S. Keane, Ph.D.

Large scale programs, often called broad-brushed efforts, are a mainstay of college and university alcohol programming. In fact, they may be the alcohol program on some campuses. This article will address the assumptions, process and content issues related to large scale college and university program strategies.

Assumptions

Two basic assumptions underlie the use of large scale efforts. First, it is assumed that consumer education (i.e. large scale programming) is a valuable activity, and is one which will yield measurable results. The second and more critical assumption is that attitudes and behaviors will change as a result of such education. If a programmer, administrator and/or university community does not understand and accept these assumptions, it is unlikely the efforts will be supported either emotionally or financially, thereby significantly decreasing the likelihood of establishing a successful program.

Given these assumptions, one may ask (and most likely will be asked) what large scale programs are, and why they should be done. Put as simply as possible, large scale programs are an attempt to influence the choices, attitudes, behaviors, and peer pressure by providing accurate information. Its purpose is to provide the best information available to as many people as possible. It is not brainwashing, coercion, scare-tactics or subliminal messages. In addition, it is efficient; one person can coordinate large scale activities for an entire campus. In this way, messages communicated can be assured of being consistent with the educational philosophy and mission of the university. It is visible, resulting in some immediate feedback regarding its impact, and provides a strong sense that something is being done. What large scale programs do not do is give the programmer a manner in which to assess whether the activity has any long-term effects. This lack of assessment, however, is the reality of most primary prevention activities.

The success of any comprehensive program depends significantly upon three crucial ingredients:

1. providing useful information;
2. giving a free choice to recipients regarding the use of that information; and
3. establishing an internal commitment by the recipients to heeding the information.

Large scale programs attempt to influence the first of these ingredients: valid and useful information. Free choice and internal commitment are more likely influenced by environmental and peer factors.

Process

There are five key issues that a large scale programmer must address in setting up a program. Each issue should be examined separately, and then as a whole as the program begins to take shape.

- Timing
  - limited by hour, day, week, month (e.g., Alcohol Awareness Week)

  - on-going activity (e.g., newspaper column)
  - time-season related (e.g., Spring Break drinking and driving media campaign)
- Topic
  - specific (e.g., Traffic Safety, Fetal Alcohol Syndrome)
  - general (e.g., alcoholism, alcohol abuse)
- Audience
  - general (e.g., undergraduate students)
  - targeted (e.g., women, children of alcoholics, fraternities)
- Method
  - uni-method (e.g., Public Service Announcements; posters)
  - multi-method (e.g., a combination of print material)
- Participation
  - active (e.g., non-alcoholic beverage tasting party, breathalyzer demonstration)
  - passive (e.g., posters, newspaper column)

Consideration of these issues will enhance the development of a coherent, consistent and thoughtful program. Presented below is an extensive listing of large scale programs that have been tried and found successful on a number of campuses. Each fits somewhere within each of the five categories listed above. These categories should be used to determine the general program structure that is fitting for a campus at a particular point in time. By using the categories, the specific type of program and its content should be apparent. For example, if the programmer has decided to establish a program targeted at freshmen women (target audience) on the topic of alcohol and sexuality (topic specific), limited to one week during their first term on campus (time-limited) and reaching as many women as possible (passive participation), then the programmer may choose to sponsor a media campaign with posters, brochures, films, and speakers (multi-method) in all freshmen residence halls and all sororities during the first week of October.

Program Ideas

Public Information/Media Campaigns (used individually or in combination)
Public Service Announcements (radio and/or TV)
Advertising (review for inappropriate messages)
Bookmarks (place in library or book-stores)
Buttons (sell at football games or earn at a car wash)
Posters (have a contest to design one!)
Newsletters (take advantage of those already on your campus)
Brochures (ready-made or home-grown quality—both work)
Table Tents/Coasters (change themes, messages and designs each month/season)
Films/Videotapes (have a library of them available)
Radio/TV Talk Shows (develop local talent)
Newspaper Columns/Cartoons (compete with Dear Abby and Doonesbury)

Awareness Campaigns
Alcohol Awareness Week/Days (have a "garden salad" of activities)
Resource/Information Centers (make easily accessible in several locations—libraries, student unions and residence hall complexes)
Alcohol Knowledge/Use Surveys (get into classes for this—get good research information and use it as an educational tool)
Film Festivals (include oldies but goodies like "Days of Wine and Roses")

Awareness Events
Non-alcoholic Bars/Coffeehouses (encourages choosing alternatives)
Drinking and Driving Pledges (a great Spring Break program)
Homecoming Events (encourages offering non-alcoholic bars and alternative beverages, or events with no alcohol allowed)
Breathalyzer Demonstration (most local and state police are willing to assist with this)
Drinking and Driving Demonstration (use cars or tricycles—a lot of work but great fun—be sure to contact local police for help.

Evaluation

Any program worth doing is worth evaluating, if for no other reason than to learn from the mistakes that have been made. While conceptualizing and planning any program, the "how to evaluate" should be constantly in mind. Evaluation is treated in Chapter 3 in this manual, but a few pointers on evaluation are listed below.

- Clearly define goals and objectives of the program before it is fully designed, ask local community program professionals for assistance.
- Translate these into measurable units whenever possible (how much, how often, what behavior increased or decreased, what attitude changed, how many, etc.)
- Choose a method of evaluation (observation, paper and pencil survey, telephone survey, satisfaction scale) that fits the information.
- Call on campus evaluation experts to assist in the process.
- Clearly state whether evaluating content, process, or effect.

Summary

Large scale educational and promotional activities are designed to reach a large number of people with a minimal amount of person-to-person interaction. They do, however, provide a base for other types of activity, and help to shift the norms of interaction among the targeted audience. Such programs on any campus must be consistent with the orientation and institutional policies of the college or university. While it is quite simple to choose from a long list of potential activities, programmers are encouraged to address more effectively the unique needs of their campus by considering the five key factors when establishing a program:

- Time
- Topic
- Audience
- Method
- Participation

No one formula or question can ensure success of these types of programs. However, the following steps are included to give some boundaries to what often initially appears to be an overwhelming project.

- Consider the necessary ingredients—define time, topic, audience, method, message and participation.
- Gain the cooperation of supervisory authorities and collaborating agencies.
- Garner your resources—people, places and things.
- Assemble a workable crew for the job.
- Evaluate your efforts.

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Small Scale Efforts for Colleges and Universities

Jean Kinney, M.S.W. and Philip W. Meilman, Ph.D.

Overview

In thinking about prevention on a "small scale," we refer to short-term programs directed to the campus-wide community, such as programs conducted within an Alcohol Awareness Week. We also consider efforts directed to smaller groups of students, such as fraternities and sororities, living groups within residence halls, and athletes. Unlike their large scale counterparts, these programs more commonly have an interactive component and utilize techniques of experiential education. In this fashion, they frequently help students to "personalize" and apply the messages and information contained in larger-scale programs.

Introduction

Before proceeding further, it is important to think about programming efforts generally, and also address what we are trying to accomplish. With respect to alcohol, there are two distinguishable (though equally important) problems - alcohol's immediate and long-term effects. This chapter addresses these two problem areas and provides a model to help guide colleges in their programming efforts.

Immediate Effects

One concern is to reduce the difficulties which result immediately from alcohol use. Primarily these are the dangers resulting from intoxication and subsequent behavioral impairment. Alcohol is a potent self-prescribed drug with profound effects on the nervous system. In low doses, it is disinhibiting, so that students may feel more relaxed, relieved of tensions, and more comfortable in social situations. Note how often alcohol is referred to as a "social lubricant" by students and student personnel workers.

Considerably before reaching the legal level of intoxication, judgment becomes impaired. Thus, we now see our concerns about "drunk driving" being extended - with good cause - to "impaired driving." At higher alcohol concentration levels, coordination and reflexes are affected, and this is not uncommon to see at college parties. At even higher levels of ethanol in the blood stream, there can be sufficient central nervous system depression to induce unconsciousness and even death from respiratory arrest. Such alcohol poisoning is frequently seen among the Saturday night admissions to the college infirmary.

By tradition, alcohol is a drug standardly dispensed in 12 ounce cups on the college campus. However, this "standardization" is not helpful from a health viewpoint because the amount of alcohol that constitutes a "safe" dose is highly variable. It is dependent upon an individual's body weight, gender, prior experience with the drug, tolerance, level of fatigue, presence of food in the stomach, the simultaneous presence of other drugs (illegal or prescribed) in the system, and other individual variables. The well-known college custom of dispensing alcohol in the form of concoctions of unknown alcohol content, often disguised as benign punches , further compounds the problem.

Many of the problems experienced in the college community are the direct result of the intoxicating effects of alcohol. Accidents, property damage, drunk and impaired driving, fist fights, frostbite, alcohol poisoning, rape (including acquaintance rape), missed classes, and blackouts are among these immediate problems.

Long-Term Effects

In addition to the problems which may result from consuming alcohol on any single occasion, there are also problems which result from patterns of use established over time: repeated "problem drinking" and alcoholism. The college student is not too young to have alcohol-related problems or be an alcoholic. Some college students have already arrived on campus with a decade's worth of problem drinking. Unfortunately, in a heavy drinking campus culture, these individuals may easily go undetected. Their drinking may so fit in with prevailing norms as to appear quite unremarkable. Only through a careful assessment does one notice that they drink to the end of the party; open every bar; are present at any gathering where alcohol is served; experience loss of control over their behavior and alcohol consumption; and that their lives, behavior, and activities are alcohol-centered.

A Program Model

To provide a framework for considering collegiate programs on a small scale, we recommend the model used in the public health field. In this model, three different types of prevention are identified. The first is primary prevention which means avoiding the occurrence of a problem. Secondary prevention refers to efforts to identify a problem as soon as possible after it has occurred and to intervene and seek a cure. Tertiary prevention refers to those steps taken to avoid a recurrence of a problem and to minimize the damage from the existence of an ongoing problem.

The three types of prevention can be applied to both kinds of problems seen on the college campus: problems of immediate use and problems of long-term use. The chart below describes useful campus alcohol efforts in each of the three program levels, for both acute and chronic problems with alcohol.

Prevention Level	**Efforts to Address Immediate Use Problems**	**Efforts to Address Chronic Use Problems**
Primary	Education and materials regarding liability issues, regulations for spectators at sports events, regulations for members of athletic teams and a policy requiring nonalcoholic alternative beverages at social events *Education and consultation to living groups by the campus counseling office or peer counseling outreach efforts Party planning guidelines and workshops Speakers bureau	Programs targeted to at-risk populations, such as children of alcoholics, through support groups at the campus counseling office or Alanon *Education and consultation to living groups by the campus counseling office and/or peer counseling outreach efforts

**Indicates the most common small scale efforts.*

Prevention Level	Efforts to Address Immediate Use Problems	Efforts to Address Chronic Use Problems
Secondary	Establish emergency procedures with (1) resident advisors, (2) campus police, (3) campus health service, (4) local hospitals Use of student "party monitors" to insure appropriate adherence to drug/alcohol policies at social events Telephone hotline Intervention by appropriate deans Disciplinary actions if necessary	Routine screening, evaluation and assessment of alcohol-related medical problems coming to the attention of the campus health service Identification and referral of problem drinkers by deans, athletic coaches, professors, etc. Peer counseling programs Consultation by campus counseling office to professors, coaches, deans, roommates, fraternity brothers sorority sisters, etc. Referral for treatment to campus support groups, individual counseling, Alcoholics Anonymous, inpatient programs

Prevention Level	Efforts to Address Immediate Use Problems	Efforts to Address Chronic Use Problems
Tertiary	Monitoring and follow-up of students who have presented acute alcohol problems (e.g., DWI offense) . Educational follow-up to living groups in which a problem has occurred, such as fraternities, sororities, etc.	Monitoring sobriety maintenance through AA, individual counseling, or campus support groups Follow-up referral for off-term, vacation, and post-graduation times

Programming Efforts

With respect to current programming, educational approaches are the most common and come in many forms. Examples include workshops, questionnaires, seminars, movies and Alcohol Awareness programs. It may incorporate breathalyzer tests, bumper stickers, taste testing, and other activities. The thrust is to prevent acute intoxication and related problems. Another common theme is to promote nonuse. This is done through direct sponsorship of social events without alcohol, and by education and training about the planning of social alternatives which are not alcohol-centered. In this context, the problems of acute alcohol intoxication are avoided by eliminating alcohol or by moderating high levels of alcohol use. These approaches endeavor to challenge the dominant ethic that alcohol use is a necessary and essential part of campus social life.

In undertaking this programming, it is important to realize that there is essentially no conclusive data which demonstrates that these educational programs are successful in and of themselves in reducing problems. Regardless, such programming may be very necessary in providing a climate in which other activities can take place and be effective. It is worth noting that the most common "small scale" efforts (those starred in the chart) are only a small portion of the spectrum of services which are essential for a comprehensive campus effort. To be comprehensive, a campus should incorporate the appropriate portions from each of the chapters of this manual.

Practical Suggestions

In light of the above, the following practical suggestions are offered for those interested in mounting program efforts on a small scale.

1. *Consider the overall game plan.*

How do the programs being considered or offered, support and mesh with other campus efforts?

2. *Use or adapt existing strategies and material - do not reinvent the wheel.*

There are a number of excellent, well-thought out programs currently being conducted on college campuses throughout the country. Many of these can easily be adapted by other institutions to fit their own particular needs. Valuable time and energy can be saved by adapting and using programs which have been developed elsewhere. (An excellent resource for this kind of information is Model Programs of Alcohol Education in Institutions of Higher Education, available from BACCHUS.)

3. *Avoid one-shot approaches.*

The effectiveness of educational programs is dependent upon reinforcement from multiple sources and repetition of the basic messages over time.

4. *Integrate educational programming with other campus efforts.*

This provides a "multiplier effect," whereby the alcohol, other drug and traffic safety messages can be communicated through a variety of existing and supportive activities. Another multiplier effect is achieved by working with existing social and living groups which can provide essential support, a vehicle for conducting the program, and reinforcement.

5. *Devote the necessary time and energy to the training of those who will be involved in programs and presentations.*

Student volunteers provide a marvelous pool of energy and enthusiasm, and their involvement is ultimately needed to make any program successful. However, it is important to remember that their enthusiasm must be directed and backed by accurate information and professional support.

6. *Anticipate that many volunteers will become involved because of personal experience and that this can create problems if not channeled properly.*

Experience which is not reflected upon can be dangerous. There may be a tendency for some individuals to assume that their experiences are generalizable to everyone else. In conducting programs, it is important to establish and promote a consistent philosophy, and to monitor and critique students' work.

7. *Consider how much professional staff time is required and plan accordingly.*

Programs can require huge amounts of professional staff time in order to provide the required training and back-up. It may be helpful to coordinate and divide the workload among a number of campus offices so that no one resource is overly taxed. In addition, it is useful to turn over some of the training, education, and outreach efforts to responsible and qualified students. This will provide them with meaningful educational experiences. In addition, the target audiences may be more receptive to efforts offered by their peers than by administrators.

8. *Capitalize on the incentives for participants.*

Peer group interaction among student volunteers, the resulting esprit de corps, and a good relationship with college administrators can all promote successful programs on college campuses. These factors should be considered in planning campus program efforts.

Concluding Thoughts

One final note. None of the small scale prevention efforts noted above are of much value, unless there is also a challenge to the norm that exists on many college campuses that drinking (and drinking heavily) is an important part of college life and a prerequisite for enjoying oneself. This norm promotes alcohol abuse as well as alcoholism, and it is most clearly manifested in the form of peer pressure to drink. It also contributes to the traffic safety problem.

We believe that the most successful way to deal with acute and chronic alcohol problems on campus is to turn the peer pressure around. Separately, the individual efforts listed in the chart above cannot accomplish this. However, when combined with attempts to change norms, they can be quite successful.

Therefore, we recommend that an attempt be made to challenge and change the prevailing norms. This is an untested area at present. A series of major and meaningful rewards could be offered to living groups (fraternities, sororities, residence halls) which experience the fewest alcohol-related incidents. At the same time, each living group could be held accountable for the behavior of its members. For example, a nonpunitive, educationally-oriented review panel, similar to the quality assurance committees found in many hospitals, could review each alcohol-related incident and ask the living unit to formulate a plan to avoid similar incidents in the future. Such an approach, first, would provide meaningful incentives for the nonuse of alcohol. Second, it would clearly give the message that alcohol and traffic safety problems are not acceptable to the community and that students within the community are responsible for one another's welfare. Actually, this concept is in the finest tradition of the fraternity system.

As noted above, this type of approach is as yet untested. Further, it is offered only by way of example. The concept of challenging and changing the norms is what is important. Actual approaches will have to be tailor-made for each campus. But we belive that small scale programming efforts, combined with a challenge to the existing norms, could be a most productive and successful combination.

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A. Dealing with Problems: A Wellness Perspective

David Emmerling, Ed.D.

Webster's II Dictionary (1984) defines the word "problem" as "a question or situation that presents doubt, perplexity, or difficulty." Those concerned with alcohol issues should appreciate this definition as they attempt to understand what constitutes an alcohol-related problem. Regardless of one's definition of "problem," it is known that young people (particularly during the college years) are faced with numerous concerns, questions, and issues in a variety of developmental areas. This causes stress for many people. Alcohol and other drugs are often used to ease this stress.

Historically, the way we look at alcohol issues has been too limited. First, the focus has been on the reduction of alcohol-related problems (instead of health promotion or the promotion of safe lifestyle behaviors). Second, within this problem emphasis, the focus has been primarily upon the relationship of the individual to the alcoholic beverage itself. Yet, research indicates that the environment (i.e., presence of law enforcement personnel, social norms regarding impaired driving, party hosting standards) also profoundly affects alcohol-related behavior.

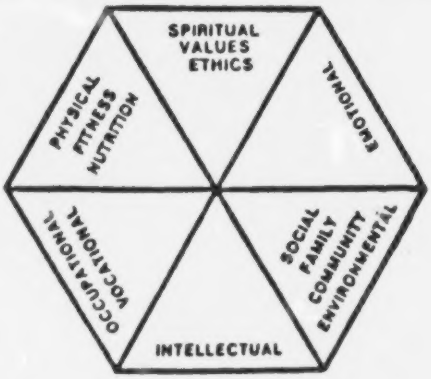
This section will not attempt to define "alcohol-related problem." It will, however, present a wellness concept that includes:

- environmental factors and circumstances (external to the individual); and
- individual factors

It is important that the wellness activities of both the individual and the campus community are balanced. The six-faceted wellness model is devised to help monitor these activities so that a balance can be achieved and then maintained. The college community should promote all six dimensions for its students.

There are numerous developmental issues within each dimension of the wellness model. Each of these issues should be assessed for both the individual and the campus community in order to intervene effectively in the specific areas of greatest need. Appropriate programs and policies can help prevent both long- and short-term problems.

Each dimension has been broken down into several objectives. These objectives are suggestions and should not be viewed as all-inclusive. Campus personnel should develop specific objectives which address their campus' unique mission, history and goals.



1. *The Occupational Dimension*

(For the college-age population, the occupational area is related to academic performance and future career aspirations.)

- test and performance results
- feeling positive about the future
- self-confidence
- good definition of career goals
- adequate career information
- good selection of major
- personal/parental agreement with respect to career

2. *The Physical Dimension*

- adequate sleep
- sufficient physical activity
- appropriate nutrition
- healthy eating habits

3. *The Spiritual Dimension*

- realistic beliefs or expectations
- a self-fulfilling belief system
- possession of ethical and/or moral constructs which guide behavior

4. *The Emotional Dimension*

- effective impulse control
- adjustment to separation from home
- calmness
- environmental comfort
- self-esteem
- good communication skills
- comfort with emotions
- dating calmness

5. *The Social Dimension*

- nonalcoholic beverages at social functions
- alcohol and other drugs unavailable in the living situation
- banning alcohol advertisements in the student newspaper
- alcohol unavailable during athletic events
- adequate student activities which are not drug or alcohol-related
- adequate institutional policies with respect to alcohol, drug use and traffic safety
- adequate institutional enforcement of existing policies
- fostering positive traditions within living units or social organizations (e.g., avoiding those Greek houses and specific residence halls with "Animal House" reputations)

- public recognition of individuals who act responsibly with respect to alcohol and traffic safety

6. The Intellectual Dimension

- adequate and accurate information with respect to alcohol, drug use and traffic safety
- adequate problem-solving or decision-making skills
- presentation of information which is compatible with students' learning style

The six preceding developmental dimensions in the wellness model may not include every possible wellness consideration. Yet they should suggest the need for varied and diverse interventions when these positive goals are lacking. Colleges need to recognize the necessity of providing short-term crisis intervention, e.g., a ride home to an intoxicated individual. While crisis intervention and remediation continue to be important, they should not be the only initiative with which the college campus responds to alcohol concerns.

A broad-based student development approach that incorporates a wellness perspective (a) allows effective and pro-active intervention, and (b) enhances remedial and crisis intervention. Similarly, these activities should be designed to respond to the unique needs and situations confronting individuals and entire campus communities.

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B. Intervention, Referral, and Treatment

M. Lee Upcraft, Ph.D.

Introduction

The way colleges and universities respond to student alcohol/drug use and abuse presents a paradox. On the one hand, we accept the fact that alcohol has become a central focus of social life on our campuses, and at many institutions we support and encourage the responsible use of alcohol.

On the other hand, when students abuse drugs and alcohol or engage in destructive behavior, we frequently punish or even dismiss them from our institutions. Until recently, we did little to educate students about drug and alcohol use and abuse, and we still do virtually nothing to intervene and treat abusers.

The consequences of drug and alcohol use are enormous for both students and the institution. These include increased residence hall damages, discipline incidents, arrests, pedestrian injuries, motor vehicle crashes and suicide attempts, to name just a few. Further, there is evidence that students who consume alcohol and use drugs are more likely than other students to have ineffective interpersonal relationships, earn lower grades, more often drop out, and suffer other negative consequences.

While the dramatic increase in drug and alcohol educational programs is to be commended and supported, there is still little done to help students in need. At best, a few institutions may have identification and referral programs, but very few have extensive treatment programs. If abusers are identified (usually by getting into trouble), they are typically forced to withdraw and seek treatment on their own.

What, if anything, should colleges do to help these youth? Obviously, ignoring them is not working. But should institutions create full-blown treatment facilities to rehabilitate alcohol abusers? That is probably not feasible, realistic, or ultimately in the best interest of either the students or the college. What is the answer? Why not consider starting programs of identification and referral, and providing greater support for treatment inside and outside our institutions.

Problems of Identification - The Individual

It is not easy to spot a drug or alcohol abuser among typical students. For one thing, our vocabulary gets in the way. Words like "alcoholic" or "problem drinker" or "drunk," when used to describe college students, make them defensive. The term "alcohol abuser," when defined as a person who harms him/herself or others as a result of alcohol use, often works the best when dealing with college students. It is also helpful to distinguish between short-term abuse (intoxication, impairment, and subsequent impaired or drunk driving) and long-term abuse (increased tolerance, alcoholism, and perceived immunity from automobile crashes).

Also, students have a very high tolerance for alcohol-related abusive behavior. Getting drunk three nights a week is readily accepted as "normal" by many students. Blacking out (losing memory of behavior while intoxicated but remaining functional and conscious) is frequently the cause of great attention and celebration. Making it back safely, after having driven intoxicated from a party, is often viewed as "no big deal," when safety was actually in serious jeopardy.

Additionally, most students are woefully ignorant of the effect of alcohol on their minds and bodies, let alone the warning signals of alcohol abuse. They assume they are experts about alcohol because they drink so much of it. Lately, this has been changing as a result of alcohol education programs, but the majority of students do not know and understand the drug they are using.

Finally, even if students recognize that other students may have an alcohol problem, they may be reluctant to do anything about it. A very strong norm exists among students that they do not have the "right" to interfere in someone else's life, so long as that person is not harming anyone else. They do not recognize that problem drinkers cannot contain the impact of their abuse to themselves, and by definition do affect others negatively.

So students themselves are a very poor source of identification because of their high tolerance for abusive drinking, ignorance of the drug alcohol, and reluctance to "interfere" in the lives of others.

Problems of Identification - The College

Colleges are also negligent. Problem drinkers and drug users are a public relations embarrassment to institutions, and thus are easy to ignore and suppress. If uncovered, it is easier for the colleges to discipline or dismiss rather than help these individuals.

But even if colleges want to identify abusers, it may not be prepared to do so. For example, very few residence hall programs provide training to resident assistants and other staff that includes identification and referral of suspected alcohol abusers. Professionally trained counselors may not be skilled in identifying alcohol abusers or assisting in their referral.

To complicate matters further, institutions with a qualified staff and a commitment to identifying abusers still have the very difficult task of convincing suspected abusers that they have a problem. Anyone who has tried will recognize the typical denial responses ("I really don't drink that much, I don't drink any more than most of my friends, I'm definitely not an alcoholic!") and the initial anger at suggesting that the abuser may have a problem with alcohol.

Strategies for Identifying Alcohol Abusers

What can be done to build a program for the identification of alcohol abusers? Consider incorporating the following:

- Create alcohol education programs for all students that include the behavioral signs of alcohol abuse. The more informed students are, the more likely they are to identify themselves, or others, as abusers and need of help.

Programs such as BACCHUS, Campus Challenge, and others are sources of developing alcohol education approaches that increase knowledge, change attitudes, and affect behavior.

- Provide for education and treatment of alcohol abusers who are referred for discipline violations. Staff and students will be more likely to report alcohol-related behavior, if they know that the reported students will receive education and counseling as part of their discipline sanctions.

At Penn State University, for example, students referred for alcohol-related violations are screened for admission into a special counseling program, which can result in counseling and educational activities instead of disciplinary sanctions. In more serious cases (such as assault under the influence, for example), students are referred in addition to disciplinary sanctions.

- Train residence hall staff (professional and paraprofessional) and other counselors to recognize and confront students exhibiting signs of drug and alcohol abuse (whether immediate or long term). Residence hall staff and other counselors are a key to identifying problems and initiating the first contacts.

Programs for training staff exist at many institutions, including Indiana University, Penn State University, the University of Florida, the University of New Hampshire, and many others.

Training should include:

- Knowledge of the behavioral signs of drug and alcohol abuse.
- Skills in approaching and confronting suspected abusers. The focus is on the behaviors harmful to the abuser and to others, (i.e., impaired driving, poor academic performance), rather than on labels such as "alcoholic," or even sometimes-revered labels such as "partier," "animal," or "drunk."
- Awareness of the referral resources, and how and when to make appropriate referrals.

• Make available to faculty brochures and other materials that focus on the identification of alcohol abusers and the help available at the institution. Faculty should be able to recognize classroom behavior which may be alcohol-related (unexplained changes in academic performance, class attendance, or class participation), and whom to contact for consultation and advice.

Concerns with Treating Alcohol Abusers

First and foremost is the question of what obligation, if any, does an institution have in providing treatment for students? While there are many things that can be done, even the most progressive and responsible programs typically do not include extensive treatment.

That is, when it has been determined that extended treatment is necessary, most institutions, and rightly so, ask or require students to leave the institution to seek such treatment. Most institutions simply do not have, nor are they prepared to commit, resources for extensive treatment. Colleges and universities have a mission as educational institutions, not alcohol rehabilitation centers.

Student resistance is a major problem. Even if students are identified, they may simply accede to this identification as a way of getting the institution or their friends "off their backs." Nothing is more frustrating to a counselor or support group leader, than dealing with drug and alcohol abusers who feel they were forced into a treatment program.

Strategies for Treating Alcohol Abusers

Does this mean that institutions do nothing for students who need treatment? Definitely not! There are many things an institution can do short of extensive treatment to help alcohol abusers. These strategies include the following:

• Provide diagnostic services to determine the extent and nature of the problem. Abusers may range from first and one-time abusers to full-blown addicts and alcoholics. Counselors should be trained to assess the extent of the problem and determine if appropriate treatment is available to permit the abuser to stay in school.

• Identify and establish working relationships with community drug and alcohol treatment resources. Except in cases where abusers must participate in residential detoxification and treatment programs, institutions can frequently rely on local, community, county, or state referral resources for treatment. This may allow students to continue their treatment while remaining enrolled, since most institutions cannot provide these treatment services.

• Consider using education as a form of treatment. Most alcohol education programs are created to prevent students from becoming abusers, however, these programs may be used to assist abusers, particularly in early stages. Thus, programs informing educators about the effects drugs/alcohol can be used as a type of early treatment as well as education. Program planners should be warned that this might actually constitute enabling behavior for some individuals; professional treatment should not be overlooked for individuals with a demonstrated abuse problem.

- Treat students for their problems within the institutions' parameters and resources. Most institutions provide counseling for the typical developmental issues and problems students encounter. For some students, alcohol abuse is a symptom, not a cause, of their problems. For example, counseling students who have difficulty getting to know people may reduce their "need" to use alcohol to socialize. Other developmental issues and obstacles were identified in the first half of this chapter.
- Create support groups or allow outside support groups to use institutional facilities. While most institutions will not provide individual treatment, they may create support groups for substance abusers, or allow groups such as Alcoholics Anonymous to hold meetings on campus. Such groups can allow students to remain in school while working on their problems, instead of leaving the institutions.
- Never give up on students who are resistant to treatment. While those who participate in treatment for the wrong reasons may be very difficult to deal with, at least there is the opportunity to work with them. Resistance can be overcome. The threat of being forced to leave the institution, while not an ideal motivator for treatment, is better than no motivator at all.
- Assist drug and alcohol abusers who are leaving the institution. Too often, students get into trouble and are forced to leave the institution without any plan for continued assistance. Individuals dismissed for alcohol-related violations should have an exit interview with a counselor, who should help develop a plan for treatment and possible readmission.
- Follow-up with dismissed or suspended students. Too often, students asked or forced to leave the institution become lost through an "out-of-sight, out-of-mind" mentality. The institution should keep a file containing routine inquiries about treatment progress and advisability of readmission of these students.

Summary

The process of intervention, referral, and treatment of alcohol abusers is not easy, but can be done if the institutional commitment includes education, training, limited treatment, and referral. Most of all, students must believe that the institution cares not only about its own survival, but about the survival of its students as well. But then again, are not the two the same?

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Personnel and Training

Stephen J. Nelson, M. Div./M.A.R.S.

Overview

The use and abuse of alcohol and other drugs in a college community is an institution-wide issue. It involves and affects all members of the college community in a variety of ways. Students are the largest on-campus constituency. This group's visibility is further heightened by their propensity for using and abusing drugs and alcohol, and their over involvement in car crashes. Therefore, a beneficial response is to focus attention on student life and the potential for training students (as helping agents with their peers). It also highlights the specific student-centered aspects of problems of use and abuse, and underscores the special value of peer-to-peer student contact and channels of assistance. Finally, a training experience can have a marked effect on a student's life and help set the stage for a wide range of contact in varied settings and across a range of alcohol and other drug-related issues with peers. Students do hold respect for the opinions of faculty and administrators with whom they have contact; however, they are more likely to respond favorably to the questions, proddings, thoughts and information offered by their peers.

An often overlooked benefit of peer training for students is that they can transfer learning gained as members of the college community into the broader world, both as undergraduates (e.g., as volunteers in the community) and subsequently as alumni. Alumni of an institution are in positions to affect the lives of work colleagues, family members, and others in the community. Thus, investment in an individual undergraduate life is of continuing value to the person, others whom they encounter, and is a positive reflection on the institution for offering such training and developmental opportunities for its students.

Developing Trained Students

Alcohol awareness educational and training efforts can be directed toward a number of groups. Training strategies will depend on the size of the student body. Alcohol peer counselors and educators are one group of potential trainees. Campuses with smaller student populations can develop and utilize a small core group of peer counselors.

Student volunteers to be trained as peer counselors can do so either by signing up as participants or interviewing through a screening process. The degree of selectivity for those in the program should be based on the level of accountability expected of the counselors and an assessment of whether a selection process (no matter how pro forma) could prove to be a deterrent for potential applicants. The desired size of the group serving as peer counselors may also be a factor. The interview/selection process is one way colleges can limit size. Some colleges, such as Dartmouth, have retained an open process allowing those who wish to be trained to do so merely by signing up as participants.

How peer counselors are described should be in accordance with what the student body (and influential others) will accept. The training program should be designed to include a variety of key elements and essential information. At a minimum, the following should be considered in training (although the list is neither exhaustive or inclusive):

- Basic physiological and biological effects of alcohol and drugs on the body
- Consequences of drinking and drug use, e.g., traffic crashes
- Introduction to the stages of addiction and the disease concept
- Encounter with personal attitudes and values (i.e., autobiographical history, feelings (pro and con) about alcohol, concern about impaired driving, etc.)
- Basic counseling skills
- Exposure to available audio-visual materials
- Appropriate intervention skills, and ways to prevent consequences
- Referral resources, the network on- and off-campus, and the role of peer counselors therein
- Attendance at a self-help group meeting
- Confrontation and intervention concepts and skill-building
- Information about drugs other than alcohol and poly-drug use
- Introduction to the concept of co-dependency
- Data regarding college student use and abuse patterns and any specific information for your campus

Through training, peer counselors gain and develop skills beyond those possessed by their peers. The experience provides an opportunity for a greater degree of insight and sensitivity to alcohol and other drug issues. In addition, a peer program produces a cadre of committed individuals who can provide information to others, lend support, serve as referral agents and raise concerns regarding the role of alcohol and other drugs within campus life. Also, their insights and commitment will be beneficial in providing suggestions for improving the overall collegiate program.

Resident Advisors

Another key group to be trained are Resident Assistants/Advisors, (RA's) including any student support staff within the Residential Life area. On small campuses, the Resident Advisor group can have the peer counselor role incorporated into their responsibilities. If this is the case, the RA's should only have a superficial policing role with respect to enforcing college alcohol policy, guidelines and regulations. Student staff with a strong policy enforcement and misconduct reporting function will not be able to develop the relationship and confidence necessary for service as peer counselors.

The training of RA's should include elements similar to those noted above for peer counselors. In addition, RA's:

a. need clarity in terms of institutional expectations vis a vis enforcement of rules and regulations governing alcohol use;
b. should be made particularly aware of the peer counselors as a referral source;
c. should have in their possession any campus pamphlets and information on alcohol and other drugs for distribution to advisers/hall residents;
d. can benefit from knowledge of the early warning signs of what constitutes an alcohol or other drug problem, and be educated about how to discern individuals in such a situation;

e. need to be enabled and empowered in intervention techniques in order to engage in discussion with the individual involved rather than adopting a hands-off posture;
f. must know how and where to refer those who are having problems, whether substance abuse, emotional, etc.

In response to the raising of the minimum legal drinking age, most residential staff members are bearing an increasing responsibility for development of social programs and specification of social life in the residence halls. This is done with other offices and student groups responsible for activity and social life programming given the increased age for alcohol consumption and the need for official, university-sponsored events to remain alcohol-free or to limit alcohol to those of age. This role is difficult to fulfill. Therefore, exposure to alcohol-free program possibilities can be most helpful in complementing the transmission of alcohol education information.

Fraternity/Sorority Leadership

A group of students sometimes ignored in the development of campus-wide alcohol awareness education programs is fraternity/sorority leadership. These students play a more informal role than peer counselors and RA's. They provide leadership to an area of the campus (i.e. the fraternity and sorority system) which is often the focus of criticism regarding the abuse of alcohol. Training and preparing fraternity/sorority leaders to deal with alcohol issues can provide positive and constructive peer pressure. These leaders hold the potential for moderating the tone of the campus with regard to the regular and ritualized use of alcohol.

Fraternity/sorority leaders and RA's require clear information about alcohol liability, college policy and state law (see Chapter 10). While such information is not necessarily an antidote for changing alcohol-related behaviors, it can underscore the specific vulnerabilities of these social groups. Open discussion can assist them in developing ways to minimize vulnerability by emphasizing more careful attention to and control of social events. This provides fraternity/sorority leaders and their organizations with the opportunity to play a responsive role in situations of alcohol abuse. This way, Greek organizations can make substantive changes in the way social events are conducted and reduce levels of abusive behavior.

Because of the close-knit context within fraternity/sorority organizations, such leaders can be instrumental in confronting and intervening with those who are experiencing problems associated with use. It is important to underscore the leader's influence in assisting potentially chemically dependent members and for providing referral for help. The leaders can provide positive early intervention for members with alcohol problems. Due to this role, they should know where to refer individuals with problems.

Developing Other Campus Leaders

Other members of a college community (with proper training and education) can provide support for the student-oriented roles outlined above. These include: student affairs staff members, counselors, doctors, nurses (and other support staff within the health service), campus police, bartenders (whether students or other college employees) and faculty (with special attention to those in academic and other advisory roles). Particular emphasis can be given to those who serve as Academic Advisors to first-year students.

The training content for these groups can include warning signs of an alcohol or other drug problem, knowledge about the campus police and referral network, and basic information about alcohol to correct the mythology that college students are too young to have significant problems of chemical dependency. Advisors can informally identify those students who may have had problems with driving (e.g., DWI, speeding tickets, etc.).

Obtaining Assistance

Professional assistance can be obtained from a variety of sources. First obtain the advice and use the experience of educators from other campuses who have developed programs, workshops and other educational materials. It is important for college and university communities to avoid reinventing the wheel in responding to alcohol and other drug issues and concerns. Contacts and possibly an on-site visit by a colleague from another campus can prove highly effective and productive.

Secondly, there are resources within the campus and/or local community with the proper knowledge, background and training skills to assist in providing alcohol training and awareness educational opportunities and programs for students. Once identified, such a local network can be an on-going resource in maintaining identity, purpose and momentum for training programs. Each state has a representative for highway safety who can provide information, resources and contacts on the local levels. In addition, representatives and staff for treatment facilities can be of assistance in this process. They are important resources in developing avenues for referral of students and other members of the college community in need of treatment, counseling support, or other assistance with an alcohol or other drug problem.

Conclusion

The material noted here can be most fruitful when set in the context of a total alcohol, other drug and traffic safety program for the campus, such as that suggested by this manual. In this way those students specifically trained and/or expected to serve as resources on campus alcohol issues will understand the connection of their role to the larger institutional picture and effort.

Alcohol Peer Counselors and other such trained students are in a primary position to hear concerns about alcohol. They are often more accessible than professional student personnel administrators and other concerned adults within the college community. Students are willing to listen to peers, hear and take serious heed of the message they have to present. Above all, students possessing a bit more knowledge and insight than their peers serve as a presence to contradict both perceived campus norms and levels of tolerance for alcohol use and abusive behavior. Their presence further counteracts a significant problem on the campus with which all students, administrators and faculty must learn to cope.

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The Campus in the Community

Bruce Donovan, Ph.D.

The mythology of higher education is rich, and not a few of the tales for any institution focus on the relations between "town" and "gown." This is true of course, because college and university campuses do not exist in a vacuum, in isolation from the greater society, however much we may all succumb to talk of "the real world." College does not, finally, constitute a world apart, neither for students nor for faculty and staff. College life, whatever the style or size of a particular campus, involves a daily interchange, sometimes observed aloud and sometimes not, between the institution and its immediate geographic and socio-political context.

The Relationship

At worst, the relationship between college and community usually involves friction between neighbors, whether a rambunctious and disruptive collegiate party on a local campus, or Spring's annual debacle in Fort Lauderdale. (Such incidents may no doubt help to finally prompt intrusions into college life by national leaders, such as the recent admonitions by the Secretary of Education on the need for stiffer drug-related action by college presidents.)

At best, the relationship between college and community is mutually helpful, with each partner providing to the other unique benefits and support. Most institutions of higher learning, for example, employ local services such as fire and police protection, often at reduced cost or free, in exchange for institutional contributions - significant employment, educational opportunity, general cultural contributions, a certain image - perceived as useful by the community.

The appropriate symbiosis is not always easy to establish. Yet, only the most foolish and careless shapers of collegiate policy for alcohol and other drug-related behavior will act in disregard of conditions in a surrounding community. Of what value is it to an institution to publicly support local law, if local officials do not enforce it? A college may support the legal drinking age, but the absence of strong monitoring by local police may turn such a law into empty rhetoric. Of what value is a simple unilateral declaration that a campus will henceforth be dry, in a setting where bars and package stores ring the campus? Observable purchase may be limited, but one wonders if consumption will be reduced. For both college and community to profit maximally, their relationship must be cooperative and close.

Mutually Beneficial Strategies

In what ways can a college act to be most beneficial to its surrounding community and most profitable in return?

- A college or university actively and willingly joins in local conversation, debate and program development on alcohol and other drug-related issues, helping to create both (a) an atmosphere of trust and mutual support and (b) policies and regulations which are both rational and mutually acceptable.

- Faculty members and staff serve on local commissions, boards and less formal committees, thus honoring their role as private citizens in the local community.
- Faculty members and staff with special expertise in the various areas which are involved with alcohol and other drugs - e.g., public policy, economics, psychology, sociology, health - serve as consultants to community organizations.
- The institution, in the absence of local initiatives, assumes a leadership role in shaping a sensible, responsible and realistic public opinion which will form the basis of local policies.
- The campus sponsors public speakers and fora, wherever possible, in conjunction with local groups and individuals.
- These events, to the degree possible, build on incidents of local (if occasional) interest and matters of current controversy. The subject could stem from the arrest or death of prominent collegians from drug-related behavior, or similar incidents involving local secondary schools.
- The college pledges to support local law and custom, not reserving for itself special and inappropriate privilege. Such support will involve adherence to the prevailing drinking age and, to the extent possible, regulation of campus life.
- Campuses should not consider themselves "free zones" or islands of sanctuary where students may drink with impunity and in defiance of the prevailing legal drinking age.
- Administrators should make all appropriate efforts to exclude underaged members of the local community from events on campus where alcohol is served. This effort includes attention to community advertising of campus events.
- Campuses ought not implement such programs as bussing students on Saturday nights from rural campuses into local social centers where they may drink, perhaps excessively. Although well-intentioned, these efforts to curb alcohol-impaired (and drugged) driving and loss of life may also be interpreted as providing support for unrestrained behavior. Such programs are of particularly dubious merit if extended to those who may be underaged.
- Administrators, in respect for the lifestyles of their community neighbors, view with disfavor and seek to restrain students who may be of legal drinking age, but whose behavior, through excess and rowdiness, threatens the tone of community life.
- Students are encouraged to involve themselves in public service activity related to alcohol and other drug-related problems in the community. The institution will also enter directly into this sort of cooperation.
- Students seek, as part of their own education and to assist the community, employment or voluntary service in local hospitals, treatment centers and halfway houses, as well as through out-patient services.
- Students work with young people through activities and programs that might make alcohol or other drug use less likely - e.g., through work in clubs and organizations for local youth, such as the Big Brother and Big Sister organizations.
- A campus makes space available at low (or no) cost for meetings of community coalitions and groups such as Alcoholics and Narcotics Anonymous, Nar-Anon and Al-Anon, and other support groups. This assures at the most elemental level cooperation

between college and community, and assures services for its own limited constituency as well.

- Campus members help keep alive the local community's awareness of alcohol and other drug issues.
- College community members provide articles and information on these topics to local media. Specialists can appear on radio or television talk and panel shows. These contributions from academic specialists lend color and variety to public discourse and help foster a full appreciation for the broad influence that these issues exert on American society.
- An informed campus population responds regularly to local editorials and contributes letters to the editors of local papers.

Summary

Initiatives such as these, which are provided merely as illustrative examples, can be expanded through imagination and a willingness to assist with one of the nation's most serious public health and safety issue. Through such activity, the college and surrounding community can have great national impact - immediately and over the years - through the influence that may be felt by today's students - tomorrow's leaders.

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Some Final Considerations

Donald D. Gehring. Ed.D.
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Introduction

> *WARNING! Those who serve alcoholic beverages on college campuses contrary to state and local Alcoholic Beverage Control Laws (ABC Laws) may be subject to fines and/or imprisonment. In addition, if individuals or property are injured or damaged as a result of the improper service of alcoholic beverages, the persons serving such beverages or the organizations they represent may be subject to possible damage suits.*

In most states the 21-year-old drinking age makes many undergraduates minors (for purposes of consuming alcoholic beverages), thereby, increasing the risk of liability in a civil suit. In addition, the use of alcoholic beverages by young adults has gained tremendous attention in the past few years. Concern with the number of alcohol-related traffic fatalities and the increasing number of youth with drug and alcohol problems has prompted this attention. Accordingly, state laws applicable to the possession, use, service and sale of alcoholic beverages are being enforced much more vigorously. Jury awards in alcohol-related cases are becoming astronomical, and damages are being assessed against students, individual administrators, greek letter organizations and their officers, and institutions. Thus, warnings such as that found above are with good cause.

College and university administrators must understand the legal risks associated with alcohol and other drugs on campus. Only by understanding the legal issues and its potential for liability, can administrators fulfill their responsibility to educate students and avoid (or at least manage) the risk of injury as well potential liability. This chapter is designed to identify the possible legal problems that may be encountered in either selling or serving alcoholic beverages, and provide strategies to avoid such problems.

Sources of Legal Problems

There are three major legal areas which could cause problems for campus officials: (a) violating alcoholic beverage licensing requirements; (b) improper selling or serving of such beverages; and (c) civil damage suits arising from such improper serving or selling.

Licensing Requirements

All states have Alcoholic Beverages Control (ABC) laws and regulations (or the regulations promulgated under them). These laws control the conditions for issuing alcohol serving licenses, checking purchasers' proof of age, and holding alcohol-related events in public places. These laws or regulations vary from state-to-state and enforcement may differ between localities.

The ABC laws usually require persons or organizations to be licensed to sell alcoholic beverages. Selling alcoholic beverages without a license is a criminal offense in most states. A conviction for such an offense is normally a misdemeanor and the offender may be fined and/or imprisoned. Additionally, the license held by the license holder or sponsor may be revoked or suspended. The law may also prohibit the issuance of such a license to those who have either violated or ignored licensing requirements in the past. Violations may become the basis for damage suits (see below).

Directors of campus pubs (who assume responsibility for a liquor license), residence life professionals, officers of greek letter organizations (who obtain temporary licenses for parties), and student activity program coordinators (who assume responsibility for alcohol-related events) should be informed of - and adhere to - these laws.

In summary, persons or organizations intending to sell or furnish alcoholic beverages at campus-sponsored events should make certain that they have contacted the necessary authorities (both state and local) to obtain:

- information concerning the selling of such beverages, and
- requirements concerning any needed licenses.

Improper Selling

State laws and ordinances govern the sale and purchase of specific types of alcoholic beverages. The ABC laws in virtually every state make it a criminal offense (usually a misdemeanor) to sell alcoholic beverages either to persons who are under the legal drinking age (now 21 in all states) or to those who are apparently or obviously intoxicated. In considering whether an individual is intoxicated, the courts usually apply the common understanding of the term and consider evidence related to the individual's speech, motor ability, and general impairment of functioning. Again, a conviction for a violation of these provisions may subject a person to fine and/or imprisonment. In addition to the possible criminal sanctions, there are administrative actions that may be taken as well. Alcoholic beverage licensing agencies may either suspend, revoke or refuse to issue licenses to those who are selling or who have sold alcoholic beverages to under-age persons or intoxicated individuals.

Obviously, students, university officials, and other employees who are directly involved in the serving or selling of alcoholic beverages need to understand their responsibilities under state and local laws. Persons selling alcoholic beverages on campus should make sure that individuals receiving such beverages are of legal drinking age and are "sober." A list of suggestions as to how this may be accomplished is provided at the end of this chapter.

Damage Suits

Persons or organizations selling or giving away alcoholic beverages at campus sponsored events should be aware that they may be liable for the damages caused by anyone who becomes intoxicated at such events. Clearly, alcohol-impaired individuals, especially if they are driving, represent a threat to the life and property of other persons.

In order to promote responsible selling practices as well as to insure adequate compensation for damages, many state legislatures have enacted so-called "dram shop" laws. These state that if the vendor supplies alcoholic beverages to an already-intoxicated person, an under-age individual, or some other incompetent person, and then that person subsequently injures a third party as a result of consuming the intoxicating beverage, then the third party may bring suit against the vendor for civil damages. Of course, the third party may also bring suit against the individual who actually caused the injury.

Thirty (30) states now have some form of "dram shop" law. These usually apply only to licensed vendors. In addition, colleges and universities, as well as individuals and groups that have liquor licenses (either temporary or permanent), could be held liable under a state "dram shop" law. A number of these laws have been interpreted by the courts as applying to those who serve alcoholic beverage in a gratuitous manner.

In recent years, the courts in a number of states have held that common law principles of negligence apply to persons who sell/serve alcohol beverages to intoxicated individuals who later injure others. The principle frequently adopted by the courts is negligence per se. In brief, this principle makes it negligent "in and of itself" for a person to cause an injury to another as a direct result of that person's violation of the criminal law. That is, this legal theory allows individuals to collect damages from persons who, as a direct result of a violation of the criminal law, have caused injury to such individuals.

In those states adopting this principle of liability, the injured person only has to prove that the criminal provisions of the ABC laws were violated by a seller of alcoholic beverages and that the injured person sustained damages as a result.

Another principle commonly used is that of ordinary negligence. Under this principle that injured individual must establish the following: (a) that the person who is allegedly responsible for the injury owed a duty of care to the injured party; (b) that such person "breached" the duty of care owed; and (c) the breach of the duty of care was the proximate cause of the injury.

Generally, the relationship between a student and a college does not, standing alone, impose upon the college any duty to control the conduct of students. However, once a duty is assumed, it must be carried out with reasonable care. For example, having an alcoholic beverage policy which is not enforced could create the basis for liability.

State courts using the ordinary negligence approach have held that sellers and, in some situations, gratuitous servers of alcoholic beverages have a duty of care not to either sell or serve such beverages to intoxicated persons who may, because of their intoxication, injure innocent individuals. Naturally, a breach of this duty which causes injury to another individual could well result in liability damages being assessed against either sellers or servers.

Leaders of campus organizations and others sponsoring campus events where alcoholic beverages are to be sold/served should be aware that they could be held liable for any damages inflicted by their intoxicated guests. Consequently, they should take prudent steps to prevent such from occurring in the first place.

Keeping Up to Date

Administrators, faculty advisors and students must know the current status of their state's judicial decisions related to the issues cited above. The law is evolving very rapidly in this area, and reliance on old case law or decisions from other jurisdictions may not be sufficient.

For instance, administrators have placed great reliance for the past few years on Bradshaw v. Rawlings, 612 F. 2d 135 (3rd Cir., 1979) which held that neither the University nor the faculty advisor were liable for injuries to a student. This student was a passenger in an automobile being driven by a classmate who had become intoxicated at a class picnic off campus. However, much of what the court based its decision on in 1979 has changed; thus reliance on Bradshaw today may be misplaced. Consult legal counsel in your area to assist you.

Recommendations

The dilemma surrounding alcohol use on college campuses will continue. Some colleges have simply prohibited alcohol, but that is the minority. For other institutions, the administrative responsibility and the legal liability connected with such activity will persist as topics of serious concern and discussion.

A number of helpful guides are available and appear as resources to this chapter. In addition, the following recommendations may help define alcohol-related liability issues more clearly and assist administrators in avoiding much of the risk connected with alcohol on campus.

1. Develop a firm philosophical framework from which to work. Examine the history of your institution and its values. Establish policies and procedures which are consistent with that philosophy.
2. Become familiar with all state and local laws that govern the possession, use, distribution, and sale of alcoholic beverages. Consult regularly with local law enforcement agencies.
3. Develop detailed instructions for all college or university employees who sell, serve, or dispense alcoholic beverages to insure compliance with the law.
4. Examine the various types of functions involving alcohol presently held on campus. Determine the degree of risk involved and determine if these programs should continue to receive support.
5. Review all alcohol policies for compliance with the current code. Evaluate them in terms of their enforceability.
6. Examine all policies governing off-campus events where alcohol may be served.
7. Review your alcohol education program. Develop programs and information that speak directly to host/serve liability.
8. Review the liability coverage of your situation and the tort law in your state. Determine the degree of risk for which you are personally responsible.
9. Consult your professional journals for lists of guidelines, procedures, and policy statements.

Summary

The liability issues surrounding alcohol use on the college campus are complex. Administrators have an obligation to know the law and to insist on its compliance. Unfortunately, the degree to which college officials will be held accountable for accidents and injuries that occur as a result of alcohol-related behavior is less well-defined. It is of little comfort to know that responsibility is determined only after an incident has occurred. This brief introduction is designed to help college administrators and programmers address this directive and the concern over alcohol on college campuses. Chapters 5, 6 and 7 discuss strategies that a college can implement to minimize the risk of liability, e.g., server training.

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Resources

I. Newsletters

Dramshop and Alcohol Reporter

A monthly newsletter. Contact: Ronald Beitman, P.O. Box 590, Falmouth, MA 02541.

College Student and the Courts

A quarterly review of current legal decisions affecting all of higher education. Contact: College Administration Publications, P.O. Box 8492, Asheville, NC 28814-9990.

II. Policy Guides

Statement on Alcohol Policy for Institutions of Higher Education

Issued by the Inter-Association Task Force on Alcohol Issues and appears in the NASPA Forum, 5, 6, March-April, 1985.

Guidelines for Marketing of Beverage Alcohol

Outlines standards for marketing alcoholic beverages on campus as endorsed by NASPA, ACPA, ACUHO-I, and BACCHUS. Appears in the NASPA Forum, 4, 5, February, 1984.

Alcohol Abuse: Who Will Pay the Price?

An excellent outline of a more detailed legal memorandum prepared for the American Council on Education that defines how liability for alcohol-related injuries accrues on campus. The article appears in the Educational Record, Fall, 1985, pp. 33-36. The original memo can be obtained form the American Council on Education, Washington, D.C.

III. Journals

The Journal of College and University Law

IV. Additional Resources

Three checklists which summarize current legal precedent and administrative practice. Available from Campus Alcohol Consultations, P.O. Box 65557, Washington, D.C. 20035.

Collegiate Alcohol Risk Assessment Guide

Collegiate Drug Management Guide

Collegiate Alcohol Management Guide for Student Organizations

Safety Belt Programs

J.K. Wener

Many of the fatalities and injuries resulting from impaired drivers could be eliminated or lessened if drivers and passengers used the "life" belts available in all cars today - their safety belts. Manual safety belts, the lap/shoulder type, when used are 40 to 50 percent effective in reducing the risk of fatal or serious injuries. With effectiveness statistics like that, it is curious why more people don't buckle up. Here are some of the common excuses and responses:

- *Belts are uncomfortable and inconvenient.*
  While there is always room for improvement, most belt systems can be adjusted for individual comfort and are not even noticeable after one becomes accustomed to them. With improved design, future safety belt systems will be much more comfortable and convenient.
- *The belts in my car don't work.*
  Modern shoulder belts let you move comfortably while driving, but lock in a sudden stop. Newer shoulder belts are designed to lock up only when the car changes speed or direction suddenly, not when the occupant leans forward. Many people mistake the free play for a broken mechanism.
- *The probability of an accident is very small.*
  One out of three Americans will be injured in a car crash sometime during their lives. Fortunately, the probability of being in a crash is very low each time you get into a vehicle - but no one can pick which time it's going to happen. It pays to always drive carefully, and to always buckle up.
- *I don't want to be trapped in a fire or under water.*
  The best chance of survival in fire or water rests in remaining conscious, uninjured, and in full possession of your faculties. The great danger is the impact that precedes the fire or submersion, especially the "second collision" of an occupant with the inside of the car. Very few injury-producing crashes involve fire, and even fewer involve submersion under water.
- *I'd rather be thrown clear in a crash.*
  This usually means being thrown through the windshield, being scraped along the pavement, or being crushed by your own or another vehicle. The idea of being thrown from a car and gently landing is pure fantasy! Being thrown out of the car increases your chances of serious injury or death many times. Most people who die after being ejected would have lived had they remained inside their car.
- *I'm not going far, and I won't be going fast.*
  Most crash deaths occur within 25 miles of home and at speeds of 35 to 40 miles per hour or less. Everyday driving - to the store, or school, or a friend's house - poses the greatest danger. And even if you're driving slowly, the impaired driver coming around the next curve may not be.
- *I'm a good driver; it won't happen to me.*
  You may be a good driver, but you can't control the other guy. Many traffic accidents

involve good drivers through no fault of their own.

- *Children and pregnant women shouldn't wear safety belts.*
  Young children need the special protection of approved child safety seats, and every state requires the use of such seats by law. Older children should always use a lap belt, with a booster seat if necessary. According to the American Medical Association, both a pregnant woman and her fetus are safest with a safety belt, provided the lap belt is worn as low on the pelvis as possible.
- *Belts can hurt you in a crash.*
  Most of the time, properly worn safety belts won't hurt you. If they do, the bruises are generally much milder than they would have been without safety belts. Sometimes a crash force is so great that a safety belt may contribute to some of the injuries. However, it is rare when an injury caused by a belt is as serious as one caused by an unrestrained occupant slamming into the car's dashboard, steering wheel, or windshield. And lap belts should always be worn in the back seat.

  In some cases, injury is caused by the improper wearing of the belt. Lap belts must be worn low, across the pelvis - not riding up on the stomach, where internal injuries can result.

There has been much attention focused, in recent years, on the importance of people buckling up. Earlier short-term efforts were based primarily on mass media and did not demonstrate significant or lasting increased usage. Comprehensive programs, however, utilizing public information/media in combination with face-to-face education, incentive activities, and mandatory belt use laws and requirements can achieve significant increases in public use of safety belts and child safety seats.

In 1980, safety belt use rates were 11% prior to the National Safety Belt Campaign. By 1988, usage rates had risen to 46%, with the expectation that rates will continue to rise to about 70% over the next decade.

Every community, or campus community, can initiate an education and awareness program using existing resources. The benefits which accrue from increased safety belt use are sufficiently persuasive to motivate active participation. As a result, the involvement of businesses near the school, as well as volunteer, civic, and service organizations keeps program operation costs to a minimum.

There are a variety of groups in a campus environment to be the focus of some program activity to increase occupant protection usage. It is important to specifically identify each target group for program planning. This would include students, school administrators and educators, campus police, school leadership, and health and wellness professionals. This will ensure that appropriate approaches and messages will be used to meet the needs of each segment of the community.

Behavior change can be affected within various target groups by developing and implementing programs using a variety of delivery systems with carefully selected approaches (i.e., public information, face-to-face education, incentives, use requirements). The figure on the next page illustrates how these approaches affect changes in occupant protection usage.

How Behavior Changes are Affected by Different Approaches

• Public Information • Face-to-Face Education	→	Increased knowledge and awareness	→	More positive usage attitudes
• Incentives • Use Requirements	→	(Direct Action)	→	Changed Behavior: Increased Usage

To be successful, a campus-wide program must have several essential characteristics:

Coordinator

A campus/community occupant protection program must have a focal point (coordinator/group/organization) to plan, manage, and coordinate the numerous activities that are involved in such a program. The special attributes of such a focal point should include the following:

- It should be located in an office or position which has a demonstrable relationship or interest in traffic safety matters.
- The key person(s) should be familiar with and have developed a network of contacts with major advocates or potential advocate groups likely to support an occupant protection project.
- The key person(s) should have experience in developing and/or disseminating media and educational material.
- The focal point should have a potential for remaining in existence and for continuing to operate safety belt and child safety seat activities after their initial involvement in a campus/community safety belt program.

Concept of Operation

The operation of a successful program will require identifying and developing a group of people who are available for outreach activities on the campus, and it will require assembling and/or purchasing significant amounts of informational, educational, and other support materials for use during the program. An effective program cannot be conducted without adequate human and material resources. A major priority for the program manager(s) will be to develop local advocates and volunteers who will start and maintain program activities. A second priority will be to train those advocates and volunteers in their program area of interest. A third priority will be to encourage continued volunteer participation. Finally, an expenditure in the budget of a campus program will be for materials to support the volunteer programs, especially during the start-up phase of the programs.

Goal

The goal of a comprehensive campus safety belt program will be to implement an effort which will result in a significant increase in occupant restraint usage.

Objective

In order to achieve increased awareness and usage, a program should be developed and implemented to impact each key target group, with a quantified objective established for each group. This would include school administrators, students, teachers, health care professionals, campus police, etc.

Assistance

In most communities, there are already people who have become occupant protection "experts." Local pediatricians, hospital or public health educators, people who have been "saved by the belt," police, emergency medical technicians, corporate safety officers, etc. have all been involved in community occupant protection programs. Another excellent source of information is the office of your Governor's Representative for Highway Safety. Many of these offices can provide technical assistance, training, and state-specific print materials.

Several campus-oriented programs are summarized below:

- Buckle Up Pledge Cards - pledge cards committing signers to buckle-up for one semester were distributed to students and faculty. About 10 percent of the cards were turned in for a chance to win prizes donated by community merchants. Faculty participants increased their usage from 32.2 percent to 46.7 percent while student rates went from 21.4 percent to 36.6 percent. Contact: E. Scott Geller, Virginia Tech., 703-961-6223.

- Safety Belt Convincer Program - the South Carolina technical colleges had students participate in a program that uses the safety belt convincer to demonstrate the impact of safety belts simulated on a five mile per hour "crash." Contact: Audrey Spry, Aiken Tech, 803-593-9231.

- Safety Belt Challenge - San Diego State University developed a challenge among their three campuses to pit the swiftest seat belt bucklers against the clock. They also had pledges to wear safety belts that also enabled their students to win prizes. Contact: Louise Nichols, San Diego Safety council, 619-222-2689.

- Are You Putting Me On? - A comprehensive safety belt promotion program for college campuses was conducted at the University of Puget Sound in Tacoma, Washington, with assistance from the Washington Traffic Safety Commission. A copy of the final project report is included in the Resource Guide Section. Contact: Jannie Meisberger, University of Puget Sound Project Coordinator, 209-851-6741.

Judy Kaplan-Wener is currently with the Office of Occupant Protection, NHTSA, Washington, D.C. All opinions, findings and recommendations contained herein are those of the author and do not necessarily represent those of NHTSA.

Resources

Index of Chapter 1 Resources

CREATING CHANGE

		Pages	
I.	**General Information**	65-70	Includes: • Facts about alcohol and alcoholism • Information on alcohol in common drugs • Information on illicit drugs
II.	**Alcohol, Other Drugs and the Body**	71-78	Includes: • Facts for a lecture or discussion on alcohol, other drugs, and the body • Information on dangers of mixing alcohol and drugs • Information on women and alcohol • Effects on the brain as B.A.C. increases • Highs and lows of drinking
III.	**Alcohol-Impaired Driving Facts**	79-96	Includes: • Alcohol content of various alcoholic beverages • Alcohol effects on driver performance • Drunk Driving Facts • Self-test on alcohol facts • Glossary of terms • What a Night I Had! • Commonly used/abused drugs and their effects

Facts About Alcohol

Alcohol, a drug, is a central nervous system depressant. It is easily made and is the mood-altering ingredient in wine, beer, and liquor. Since it contains calories, it is considered a food, but the calories, in no way, contribute to good nutrition. In fact, even moderate drinkers may need to reduce their drinking to maintain ideal weight.

A 12-ounce bottle of beer contains approximately the same amount of alcohol as 5 ounces of wine, or 1 1/2 ounces of 80 proof liquor.

Physical Effects

Alcohol is absorbed in the blood stream and transmitted to virtually all parts of the body. Several factors influence the effects of alcohol, including the amount of alcohol consumed; the rate at which it is consumed; the presence of food in the stomach during consumptions, and the individual's weight, mood, and previous experience with the drug.

With moderate drinking a person may experience flushing, dizziness, dulling of senses, and impairment of coordination, reflexes, memory and judgement. Taken in larger quantities alcohol may produce staggering, slurred speech, double vision, dulling of senses, sudden mood changes, and unconsciousness. Taken in larger quantites over a long period of time, death may occur due to depression of the parts of the brain that control breathing and heart rate. Alcohol can be very damaging when used in larger amounts or over a long period of time. It can cause damage to the liver, heart, and pancreas. It may lead to malnutrition, stomach irritation, lowered resistance to disease, and irreversible brain or nervous system damage. Drinkers who also smoke are more at risk for developing certain cancers.

Who Should Not Drink Alcohol

Pregnant women, young people, alcoholics, those taking contraindicative medications, and those engaged in dangerous recreational activities.

All people should limit their intake of alcohol if they are going to drive or operate other machinery, especially firearms.

Dependence

Increased tolerance to alcohol may lead to physical dependence. At that point, alcohol becomes part of a person's normal physical functioning. Physical dependence is characterized by the presence of withdrawl symptoms when use is discontinued suddenly.

Alcoholism

According to the American Medical Society, "Alcoholism is a chronic, progressive, and potentially fatal disease. It is characterized by tolerance and physical dependency or pathologic organ changes, or both - all direct or indirect consequences of the alcohol ingested."

Scope of the problem

If you conducted a public health survey, almost all communities would find that alcohol and alcohol-related problems should be on a high-priority list for action. The cost of these problems are conservatively estimated at more than $50 billion a year.

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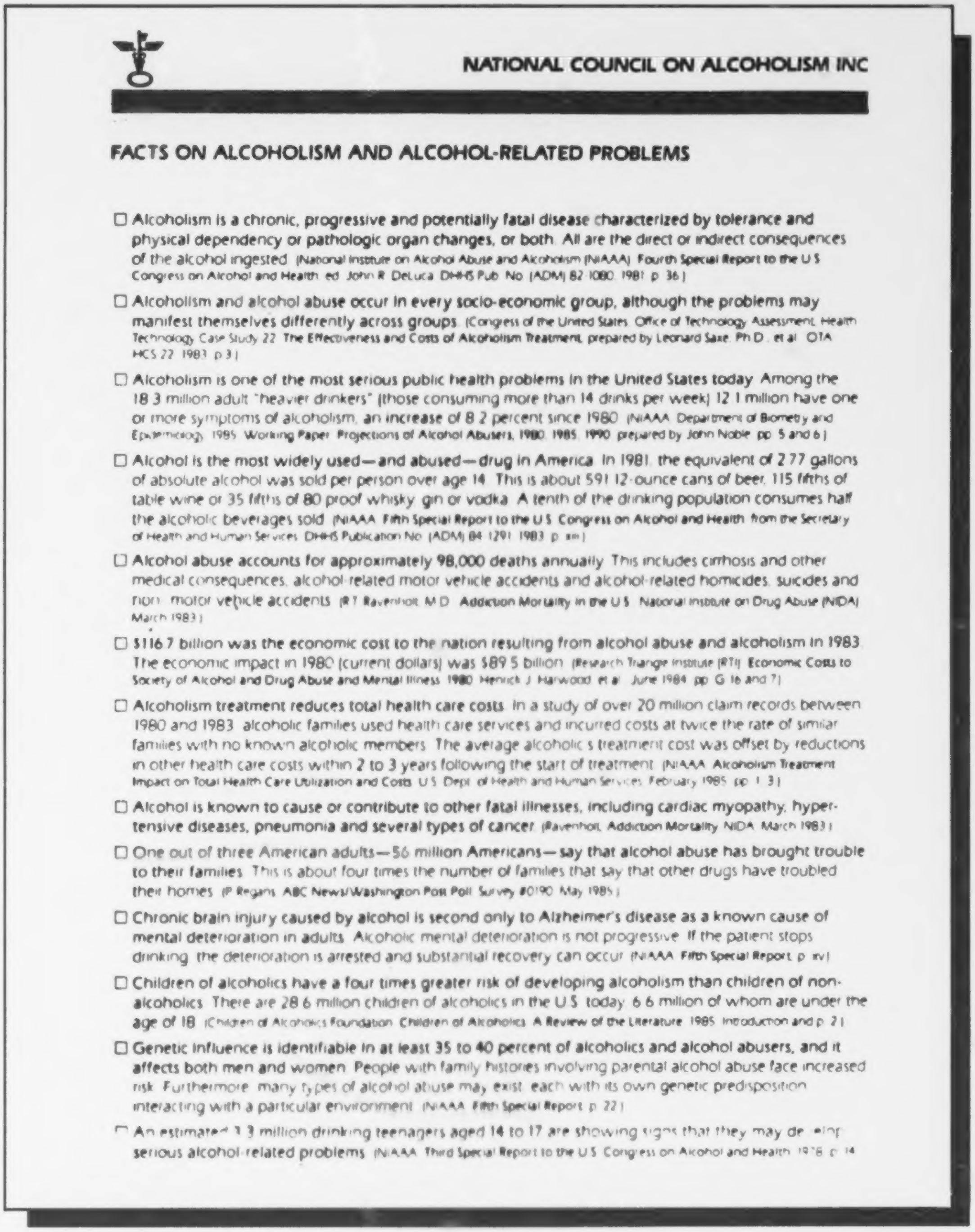

NATIONAL COUNCIL ON ALCOHOLISM INC

FACTS ON ALCOHOLISM AND ALCOHOL-RELATED PROBLEMS

☐ **Alcoholism is a chronic, progressive and potentially fatal disease characterized by tolerance and physical dependency or pathologic organ changes, or both** All are the direct or indirect consequences of the alcohol ingested (National Institute on Alcohol Abuse and Alcoholism (NIAAA) **Fourth Special Report to the U S Congress on Alcohol and Health** ed John R DeLuca DHHS Pub No (ADM) 82-1080 1981 p 36)

☐ **Alcoholism and alcohol abuse occur in every socio-economic group, although the problems may manifest themselves differently across groups** (Congress of the United States Office of Technology Assessment, Health Technology Case Study 22 **The Effectiveness and Costs of Alcoholism Treatment**, prepared by Leonard Saxe Ph D , et al OTA HCS 22 1983 p 3)

☐ **Alcoholism is one of the most serious public health problems in the United States today** Among the 18 3 million adult "heavier drinkers" (those consuming more than 14 drinks per week) 12 1 million have one or more symptoms of alcoholism, **an increase of 8 2 percent since 1980** (NIAAA Department of Biometry and Epidemiology 1985 **Working Paper Projections of Alcohol Abusers, 1980 1985 1990** prepared by John Noble pp 5 and 6)

☐ **Alcohol is the most widely used—and abused—drug in America** In 1981 the equivalent of 2 77 gallons of absolute alcohol was sold per person over age 14 This is about 591 12-ounce cans of beer, 115 fifths of table wine or 35 fifths of 80 proof whisky gin or vodka A tenth of the drinking population consumes half the alcoholic beverages sold (NIAAA **Fifth Special Report to the U S Congress on Alcohol and Health** from the Secretary of Health and Human Services DHHS Publication No (ADM) 84 1291 1983 p xiii)

☐ **Alcohol abuse accounts for approximately 98,000 deaths annually** This includes cirrhosis and other medical consequences, alcohol-related motor vehicle accidents and alcohol-related homicides suicides and non motor vehicle accidents (R T Ravenholt M D **Addiction Mortality in the U S** National Institute on Drug Abuse (NIDA) March 1983)

☐ **$116 7 billion was the economic cost to the nation resulting from alcohol abuse and alcoholism in 1983** The economic impact in 1980 (current dollars) was $89 5 billion (Research Triangle Institute (RTI) **Economic Costs to Society of Alcohol and Drug Abuse and Mental Illness 1980** Henrick J Harwood et al June 1984 pp G 16 and 7)

☐ **Alcoholism treatment reduces total health care costs** In a study of over 20 million claim records between 1980 and 1983 alcoholic families used health care services and incurred costs at twice the rate of similar families with no known alcoholic members The average alcoholic s treatment cost was offset by reductions in other health care costs within 2 to 3 years following the start of treatment (NIAAA **Alcoholism Treatment Impact on Total Health Care Utilization and Costs** U S Dept of Health and Human Services February 1985 pp 1 3)

☐ **Alcohol is known to cause or contribute to other fatal illnesses, including cardiac myopathy, hypertensive diseases, pneumonia and several types of cancer** (Ravenholt, **Addiction Mortality** NIDA March 1983)

☐ **One out of three American adults—56 million Americans—say that alcohol abuse has brought trouble to their families** This is about four times the number of families that say that other drugs have troubled their homes (P Regans **ABC News/Washington Post Poll** Survey #0190 May 1985)

☐ **Chronic brain injury caused by alcohol is second only to Alzheimer's disease as a known cause of mental deterioration in adults** Alcoholic mental deterioration is not progressive If the patient stops drinking the deterioration is arrested and substantial recovery can occur (NIAAA **Fifth Special Report** p xv)

☐ **Children of alcoholics have a four times greater risk of developing alcoholism than children of non-alcoholics** There are 28 6 million children of alcoholics in the U S today 6 6 million of whom are under the age of 18 (Children of Alcoholics Foundation **Children of Alcoholics A Review of the Literature** 1985 Introduction and p 2)

☐ **Genetic influence is identifiable in at least 35 to 40 percent of alcoholics and alcohol abusers, and it affects both men and women** People with family histories involving parental alcohol abuse face increased risk Furthermore many types of alcohol abuse may exist each with its own genetic predisposition interacting with a particular environment (NIAAA **Fifth Special Report** p 22)

☐ An estimated 3 3 million drinking teenagers aged 14 to 17 are showing signs that they may develop serious alcohol-related problems (NIAAA **Third Special Report to the U S Congress on Alcohol and Health** 1978 p 14

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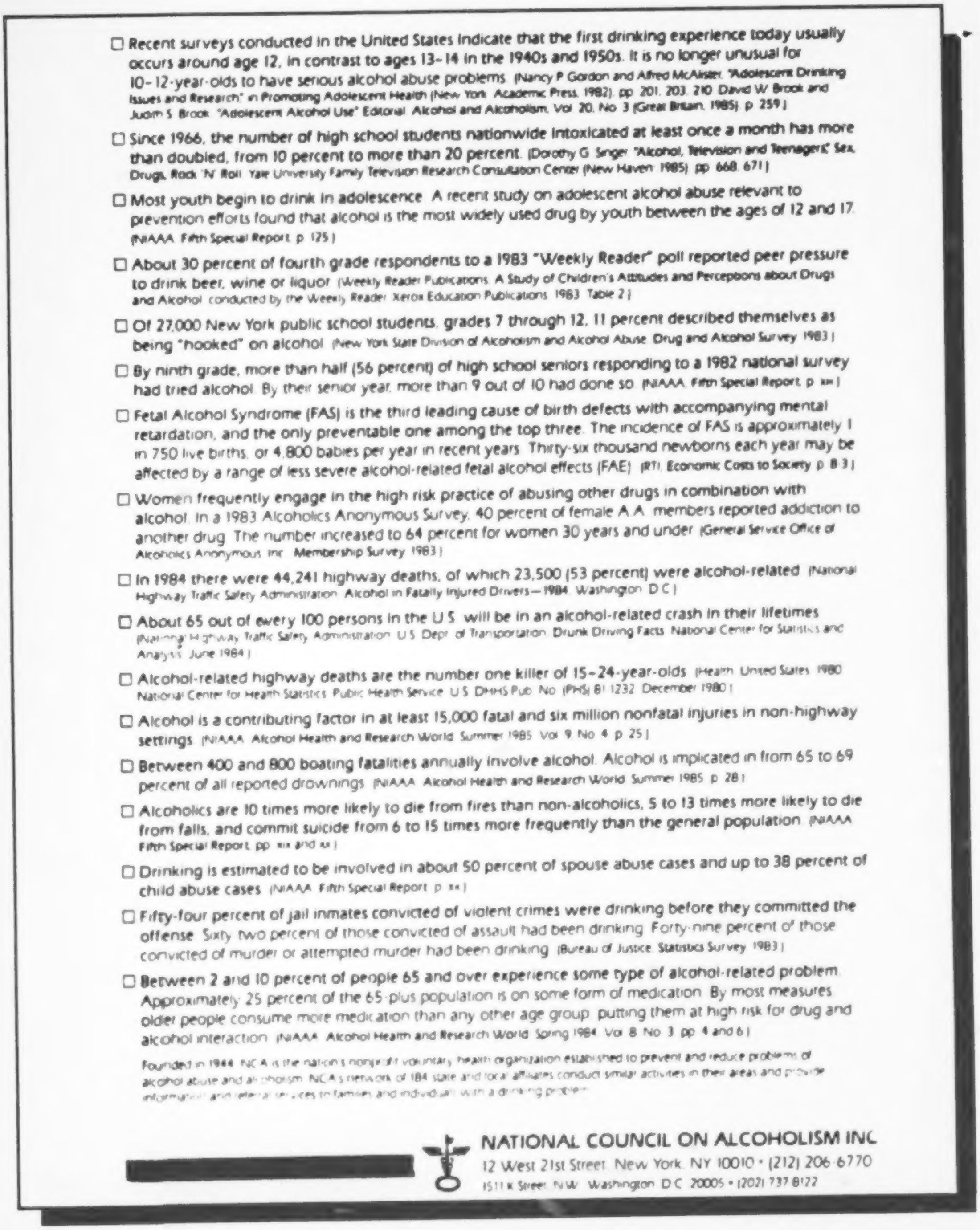

☐ **Recent surveys conducted in the United States indicate that the first drinking experience today usually occurs around age 12, in contrast to ages 13–14 in the 1940s and 1950s. It is no longer unusual for 10–12-year-olds to have serious alcohol abuse problems.** (Nancy P Gordon and Alfred McAlister, "Adolescent Drinking Issues and Research," in Promoting Adolescent Health (New York: Academic Press, 1982), pp 201, 203, 210. David W Brook and Judith S Brook, "Adolescent Alcohol Use," Editorial, Alcohol and Alcoholism, Vol 20, No 3 (Great Britain, 1985), p 259.)

☐ **Since 1966, the number of high school students nationwide intoxicated at least once a month has more than doubled, from 10 percent to more than 20 percent.** (Dorothy G Singer, "Alcohol, Television and Teenagers," Sex, Drugs, Rock 'N' Roll. Yale University Family Television Research Consultation Center (New Haven: 1985), pp 668, 671.)

☐ **Most youth begin to drink in adolescence.** A recent study on adolescent alcohol abuse relevant to prevention efforts found that alcohol is the most widely used drug by youth between the ages of 12 and 17. (NIAAA, Fifth Special Report, p 125.)

☐ **About 30 percent of fourth grade respondents to a 1983 "Weekly Reader" poll reported peer pressure to drink beer, wine or liquor.** (Weekly Reader Publications, A Study of Children's Attitudes and Perceptions about Drugs and Alcohol, conducted by the Weekly Reader, Xerox Education Publications, 1983, Table 2.)

☐ **Of 27,000 New York public school students, grades 7 through 12, 11 percent described themselves as being "hooked" on alcohol.** (New York State Division of Alcoholism and Alcohol Abuse, Drug and Alcohol Survey, 1983.)

☐ **By ninth grade, more than half (56 percent) of high school seniors responding to a 1982 national survey had tried alcohol.** By their senior year, more than 9 out of 10 had done so. (NIAAA, Fifth Special Report, p xiii.)

☐ **Fetal Alcohol Syndrome (FAS) is the third leading cause of birth defects with accompanying mental retardation, and the only preventable one among the top three.** The incidence of FAS is approximately 1 in 750 live births, or 4,800 babies per year in recent years. Thirty-six thousand newborns each year may be affected by a range of less severe alcohol-related fetal alcohol effects (FAE). (RTI, Economic Costs to Society, p B-3.)

☐ **Women frequently engage in the high risk practice of abusing other drugs in combination with alcohol.** In a 1983 Alcoholics Anonymous Survey, 40 percent of female A.A. members reported addiction to another drug. The number increased to 64 percent for women 30 years and under. (General Service Office of Alcoholics Anonymous, Inc., Membership Survey, 1983.)

☐ **In 1984 there were 44,241 highway deaths, of which 23,500 (53 percent) were alcohol-related.** (National Highway Traffic Safety Administration, Alcohol in Fatally Injured Drivers—1984, Washington, D.C.)

☐ **About 65 out of every 100 persons in the U.S. will be in an alcohol-related crash in their lifetimes.** (National Highway Traffic Safety Administration, U.S. Dept. of Transportation, Drunk Driving Facts, National Center for Statistics and Analysis, June 1984.)

☐ **Alcohol-related highway deaths are the number one killer of 15–24-year-olds.** (Health, United States, 1980, National Center for Health Statistics, Public Health Service, U.S. DHHS Pub. No. (PHS) 81-1232, December 1980.)

☐ **Alcohol is a contributing factor in at least 15,000 fatal and six million nonfatal injuries in non-highway settings.** (NIAAA, Alcohol Health and Research World, Summer 1985, Vol 9, No 4, p 25.)

☐ **Between 400 and 800 boating fatalities annually involve alcohol.** Alcohol is implicated in from 65 to 69 percent of all reported drownings. (NIAAA, Alcohol Health and Research World, Summer 1985, p 28.)

☐ **Alcoholics are 10 times more likely to die from fires than non-alcoholics, 5 to 13 times more likely to die from falls, and commit suicide from 6 to 15 times more frequently than the general population.** (NIAAA, Fifth Special Report, pp xix and xx.)

☐ **Drinking is estimated to be involved in about 50 percent of spouse abuse cases and up to 38 percent of child abuse cases.** (NIAAA, Fifth Special Report, p xx.)

☐ **Fifty-four percent of jail inmates convicted of violent crimes were drinking before they committed the offense.** Sixty-two percent of those convicted of assault had been drinking. Forty-nine percent of those convicted of murder or attempted murder had been drinking. (Bureau of Justice Statistics Survey, 1983.)

☐ **Between 2 and 10 percent of people 65 and over experience some type of alcohol-related problem.** Approximately 25 percent of the 65-plus population is on some form of medication. By most measures older people consume more medication than any other age group, putting them at high risk for drug and alcohol interaction. (NIAAA, Alcohol Health and Research World, Spring 1984, Vol 8, No 3, pp 4 and 6.)

Founded in 1944, NCA is the nation's nonprofit voluntary health organization established to prevent and reduce problems of alcohol abuse and alcoholism. NCA's network of 184 state and local affiliates conduct similar activities in their areas and provide information and referral services to families and individuals with a drinking problem.

[redacted]

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Alcohol

"Society has accepted alcohol as a beverage. Pharmacologically it is a drug in the sedative-anesthetic group. It was used as a general anesthetic in rural America in the nineteenth century, at the front in the Russian army in World War II, and is currently under investigation in several centers for anesthesia study in the United States. Dangerous overdose to the extent of surgical anesthesia is seen occasionally as an emergency at university health services. Deaths from overdose result in about 1,000 fatalities in the country every year. Regrettably, these negative, worrisome problems sometimes overshadow the positive and socially constructive aspects that characterise the responsible use of alcohol beverages.

Alcohol is readily available and widely consumed at Duke. Most students equate "a good time" with drinking at least a few beers. For many college students, drinking is frequent and overconsumption is common. This pattern is often merely a matter of socialisation, one that many students outgrow by graduation. For others, drinking during the college years is the beginning of a lifelong addiction to alcohol. In order to drink safely and responsibly, the student who chooses to drink should take into consideration the risks and hazards that accompany the consumption of alcohol.

Evaluate the Impact of Alcohol on Your Health and Fitness

Simply put, does alcohol frequently make you feel or look bad? Do you have to skip classes or sleep all day Sunday due to the headache and nausea brought on by drinking too much the previous evening? Do you find yourself getting sick in the bathroom after parties? Are you battling an extra ten pounds despite an otherwise sensible diet? If these symptoms strike a familiar note, make a serious effort to modify your drinking habits.

When beer or liquor is swallowed, the alcohol is absorbed rapidly through the stomach and the small intestine. The rate of absorption varies with the size of the individual: a larger person will experience a lower percentage of alcohol in the blood, or Blood Alcohol (BA) than a smaller person. In addition, the fashion in which the alcohol is consumed has a great impact on the resulting BA. The American College Health Association states that:

> "The fiction has continued since frontier days that the ability to hold one's liquor is an index of virility. This is not true. People are more comfortable with someone who drinks without getting drunk, but this also means that the person who tolerates large amounts of beverage alcohol is already a heavy drinker, with an increased cellular and metabolic tolerance to the drug."

Slowly drinking beer, which contains sugar (maltose) and starch and has an alcohol content of 4%, is easier on the body than doing shots of 80 proof bourbon, with its 40% alcohol content. However, when beer is chugged, the alcohol is in contact with a greater surface area of the stomach and intestines, and absorption is more rapid, resulting in a higher BA. Generally, a 12 ounce can of beer, a glass of wine, or a mixed drink all have the same alcohol content.

Once alcohol enters the bloodstream, it is carried to the brain where it has an immediate effect on brain cells and nerve fibers. Alcohol interferes with the chemical balance of the brain, causing impairment of the functions controlled by the brain. Those functions include conscious and unconscious thought as well as physiological processes carried out by internal organs. In addition, when consumed excessively, alcohol kills brain cells. Since brain cells never regenerate, this effect becomes an increasingly more serious matter over a period of time. Actual brain damage can result from prolonged excessive drinking.

When alcohol is consumed, 5% is eliminated in the urine and another 5% is exhaled in the lungs. The remaining 90% must be metabolised by the liver. When alcohol is broken down, fat is the end product. Prolonged excessive drinking causes a build up of fatty deposits in the liver, a condition that can eventually lead to very serious diseases like cirrhosis and hepatitis. Of course, the liver is not the only part of the body where fat collects. It takes 3500 calories to make a pound of fat on the body. Therefore, it takes approximately 24 beers (at 150 calories per beer) to create a pound of fat. If you multiply three beers per night by weekly Wednesday, Thursday, Friday and Saturday night kegs you will see where the "Freshman Fifteen" might start!

In addition to the long-term effects of excessive drinking, there are other consequences that one need only wait until the next morning to experience: headache, nausea, dehydration and confusion, collectively known as the hangover. If you suffer from hangovers, read the article on that subject in this handbook. Hangovers mainly occur at BA's over .055. For an individual weighing 120 pounds, this level is surpassed if more than 4 beers are consumed in 4 hours. For a 170 pound individual, 6 beers within a 4 hour time period will produce a BA of .065. Remember: hangovers are a warning sign that alcohol is putting too much stress on the body and that drinking habits should be modified.

Evaluate the Impact of Drinking on Your Safety

First—read the comparison article in this section on sex, drink and driving. *Second, remember that accidents in automobiles are not the only kind that result from drunkness.* Many serious injuries have resulted from students merely tripping or falling from high places. It is risky to be in a state where vision is blurred, coordination is impaired, and judgement is poor. Decide for yourself whether the "benefits" of excessive drinking are worth the risks to your health and safety.

Evaluate the Impact of Drinking on Your Emotional Well-Being

There are many students who could put an end to their excessive drinking if they choose to do so. For others, however, alcohol acts as a means of support, as a way of coping with the pressures and insecurities of college life. To evaluate the role of drinking in your life, carefully and honestly watch for the following:

1. getting drunk repeatedly
2. continuing to drink at a party when most of the others have called it quits
3. comments and attitudes of peers that indicate concern on their part about the person's drinking
4. significant drinking virtually every day
5. drinking because of a feeling of compelling need for alcohol when depressed, anxious, lonely, etc.
6. experiencing blackouts—periods of memory losses for the night before, partial or total

If these warning signs exist, seek help. If a blank for the things that happened after a certain hour are experienced, watch out!

Source: "Healthy Devils"
Student Health Program
Duke University

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Drinking Without Drinking: Alcohol in Common Drugs

Many common drugs contain surprisingly large amounts of alcohol. Alcohol can cause serious reactions in people taking diabetes medications, antidepressants, tranquilizers, aspirin, nitroglycerin or Flagyl (metronidazole). Before you take any liquid medicine, read the label carefully, then if you are concerned about any ingredients, doublecheck with a pharmacist.

Alcohol Content of Selected Drugs for Colds, Coughs and Congestion

Comtrex	20%
Nyquil Cough Syrup	25%
Vicks Formula 44	10%

Selected Drugs for Colds, Coughs and Congestion WITHOUT Alcohol

Actifed Syrup
Hycodan Syrup
Omni Tuss
Orthoxicol Syrup
Sudafed Syrup
Thaminicol Syrup

Alcohol Content of Other Selected Drugs

Tincture of Belladonna	67%
Donnatal Elixir	23%
Nembutal Elixir	18%
Tincture Paragoric	45%
Theolixir	20%

(Joe Graedon, adapted from Resident and Staff Physician, March, 1980)

* Reprinted from *Medical Self Care Magazine*, Box 717, Inverness, CA 94937
$15/year, $4 single issue, brochure free ■

Over-the-Counter and Prescription Drugs

We ingest many things to help us through the day. Not only are they illegal substances usually used to get "high," but also over-the-counter and prescription drugs. These include drugs to induce sleep, tranquilizers to calm us, drugs to lose weight, pain relievers, and drugs to keep us awake, especially to study for finals. Many of these drugs include narcotics, barbiturates and amphetamines and we don't even know it.

A common misconception among consumers is that over-the-counter drugs list all ingredients in the product. By law, manufacturers are required to list only the active ingredients of the drug; inactive ingredients are listed only if the manufacturer chooses to do so. Many of these inactive ingredients contain filler, binders, flavoring and coloring. For instance, lactose, which is a milk sugar, is used as a filler, and for some people with lactose intolerance this causes severe diarrhea. Another example is the #5 yellow food coloring which has induced asthma, hives, and allergic reactions in some people.

When you take prescription or over-the-counter drugs, try to follow these suggestions:

1. Know your drug
   - the name of it
   - why you're taking it
   - how your taking it
   - side effects that may occur
2. Take the drug at the time and the way prescribed; don't take double doses.
3. Make a chart and schedule the times you are to take it—this way you won't forget, or over-dose.
4. Know the effects that may occur if mixing drugs. Probably the best advice is not to do this unless your doctor instructs you to do so. Especially watch drinking alcohol while taking drugs. When these are used together they can exaggerate the usual effects and and responses of either drug taken alone. This is especially true with barbiturates and alcohol since both are depressants acting on the CNS. Mixing of drugs can be harmful, and in some cases dangerous and detrimental to your health and well-being.
5. Tell the doctor and/or pharmacist of new or frequent side-effects if they occur. Don't assume that they're unimportant or that they will go away.
6. Don't take someone else's medicine, or give someone yours.
7. Keep drugs in original labeled container.
8. Don't take prescription or over-the-counter drugs that are several months old without checking with a doctor and/or pharmacist.
9. Store drugs in a cool dry place.
10. Ask your doctor and/or pharmacist if you have questions about the drug. That "dumb" question often turns out to be the important one.

—reprinted from "Help Yourself," The University of Maryland 1979 ■

Source: "Healthy Devils"
Student Health Program
Duke University

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Illicit Drugs

Marijuana

Marijuana often called pot or killer weed and its derivatives such as hashish are, next to alcohol, the most popular durgs in America today Smoked recreationally or ingested, marijuana produces feeling of relaxation and merriment that can either be pleasant or disorienting and even frightening to the individual The active ingredient in marijuana is delta-9 tetrahydrocannabinol (THC). The potency of pot is determined by the THC content. Street marijuana usually containing about 1%, but it can vary widely.

THC enters the bloodstream through the lungs and circulates throughout the body producing a "high" This state lasts only several hours. Unfortunately the THC and its metabolites remain and accumulate for up to 2 weeks in the fatty tissues of the body with the highest concentration in the brain, sex organs, and glands.

Scientists have identified at least 421 different chemicals in the marijuana plant in conjunction with THC that may pose additional health hazards. The complete effects of marijuana is still under research but for the present these are the known hazardous side-effects of marijuana

Heart—marijuana increases the heart rate and has been linked with intensifying angina pectoris (severe chest pains associated with heart problems) While these effects probably pose no serious threat to healthy individuals, persons with heart conditions should avoid smoking marijuana

Lungs—when smoked, marijuana dilates the air tubes making breathing easier This may seem beneficial but it actually is quite harmful Since marijuana smoke is held for deep and for longer periods of time in the lungs than cigarette smoke, the health hazards of cigarette smoking are enhanced This includes dryness of the mouth, sore throats, and a lowered immune system against chest colds and flues

Reproduction and Development—Marijuana has been found to alter levels of certain hormones which regulate reproduction, growth, and sexual development

Brain Damage—Recent studies have suggested that marijuana does cause structural changes in the brain which may disrupt the normal transfer of chemical messages between nerves. This may effect emotional and behavioral responses

Illegal Drug—Last but not least of the health hazards is the fact that marijuana is illegal in all 50 states

LSD

LSD or lysergic acid is a hallucinogenic drug that somehow interacts with serotonin—a neurohormone. An average does of LSD is anything from 50-150 micrograms. Its effect on the mind is clearly unpredictable It has been found however, that the personality and mood of the user greatly affect the LSD experience. This can lead to good trips and bad trips A user of LSD on a bad trip experiences severe panic, paranoia, and sometimes tunnel vision With tunnel vision the user can focus on only a single facet of a situation They are unable to break their train of thought for fear of losing themselves or their identity In such a case, treat the individual on a bad trip with reassurance and composure. If you are calm often times the user will be calm

On rare occasions, people having bad trips may have to be physically restrained to protect themselves and others from injury

LSD users may experience flashbacks or recurrences of a psychedelic trip long after the drug has left the body Flashbacks are psychological rather than pharmalogical in origin since LSD is excreted from the body within hours of ingestion Flashbacks can be triggered by any number of factors including stress, fatigue, or drug use Because LSD is a "street" drug there is no way of knowing the exact dosage, which adds to its unpredictable effects Although there are many potential dangers of LSD, chromosome damage resulting in birth defects is not a danger, nor does LSD cause cancer, as was widely rumored in the late 1960's.

Cocaine

Cocaine or coke has been for many years the rich man's "high" Praised as a fairly harmless drug, coke was once thought of as non-physically addicting—at least not in the sense that it produced harmful withdrawal symptoms. However in the long term, because coke is a stimulant heavy use can affect the blood pressure and severely strain the heart. Insomnia and weight loss often follow prolonged frequent use. Coke has also been found to cause liver damage, blood vessel, and nasal septum damage.

With cocaine currently costing over $2000 an ounce it is of no surprise that street coke is cut with many additives such as sugar and mannitol to even asprin and anesthetics. Beware of coke alikes such as "Toot" and "Pseudo Caine." These products contain only legally available stimulants such as caffeine and phenylpropaolamine. A number of dangers are increasingly linked to their use because of poor quality control and insoluable particles that can clog blood vessels.

Cocaine is usually sold as a white crystalline powder and is most often inhaled. The drug is rarely taken orally since it is not readily absorbed in the stomach. Freebasing involves smoking cocaine dissolved in a solvent such as ether to produce a purified crystalline flake. The effects of smoking freebase is similar to injecting cocaine but its effects are brief

No matter how it is used, cocaine can produce heavy psychological dependence, most frequently in the form of a deep depression and a restless craving for the drug's excitatory effects Long-term coke dependence creates extreme paranoia, compulsive behavior, and vivid hallucinations Until now, not many could afford to be addicted to cocaine. There is some evidence, however, that the price of cocaine is decreasing because of over production If true, the real hazards of excessive use will become more and more painfully evident.

Peyote and Mescaline

Peyote is a spineless cactus containing hallucinogenic compounds including mescaline. Other plants include mushrooms which contain psilocybin—another type of hallucinogenic Both enter the blood stream by ingesting them Peyote and mushrooms are very difficult to ingest because of their incredibly foul taste which causes nausea and even vomiting

A peyote or mushroom trip begins approximately one to two hours after ingestion and lasts from 6–10 hours. Both produce effects similar to that of an LSD trip The user experiences sensations of weightlessness, depersonalization, alteration of time perception, visual distortion, and hallucinations Many users think peyote intensifies the senses, especially those of color perception

As for subjective reactions, users commonly experience emotional liability, mood changes, unprovoked emotional discharges and introspective experiences. Users often feel that the drug has increased their ability to perceive "truth" Most street bought peyote is actually mixtures of LSD, amphetamines, and other contaminants which have been improperly synthesized According to the DO IT NOW Foundation of Phoenix, Arizona, a reasonable dose of mescaline would fill a capsule large enought to choke a horse. Anything smaller is probably an unknown mixture of adulterants.

—Angelito Ham

Additional Resources The Health Education Center at Pickens maintains a wide variety of free literature on these and other legal and illegal drug substances which are used recreationally A video tape "Uppers, Downers, All Arounders" (60 minutes) is also available for viewing at the Center ■

Source: "Healthy Devils", Student Health Program, Duke University

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ALCOHOL AND THE HUMAN BODY

What's in a Drink?

Although alcoholic beverages come in a variety of colors, flavors, and bouquets, their common active ingredient is alcohol (ethanol). This is true for distilled spirits, wine, and beer.

A "typical" drink contains just over one half ounce of pure alcohol. This is the active ingredient in one shot of distilled spirits (1 1/2 ounces of 80-proof liquor), one glass of table wine (5 ounces of 12% alcohol), or a can of beer (12 ounces of 4.5% alcohol). Some people believe that there is less alcohol in beer and wine, and therefore, that these beverages are less intoxicating than distilled spirits. While the alcohol in a straight shot of hard liquor is more concentrated than it is in wine or beer, the amount of alcohol in a "typical" serving of each is similar.

However, all alcoholic beverages are not the same in terms of alcohol content. There can be considerable variation in alcohol content among types of beers (light, regular, superpremium, and ales), wines (table, fortified, and wine coolers), and mixed drinks Drinks that mix more than one shot of liquor, such as Martinis or Black Russians, have a higher total alcohol content. While it is true that one shot of whiskey, one 5-ounce glass of wine, and one can of regular beer are roughly equivalent in the amount of alcohol they contain, one Martini is equal to 1.75 glasses of wine or nearly 2 beers.

Absorption of Alcohol by the Body

Alcohol is not digested in the stomach, but passes into the small intestine where it is absorbed directly into the blood. The amount of alcohol present in the body is generally measured in terms of the weight of the quantity of alcohol in a given volume of blood. At a blood alcohol content (BAC) of 0.10% there is approximately one drop of alcohol to every 1,000 drops of blood. On the average, a "typical" drink containing one half ounce of pure alcohol will increase the BAC level of a 150 pound man by .015%.

Factors that can affect the relationship between alcohol consumed and BAC level include:

- o Weight. Other things being equal, a large person requires more alcohol to reach a particular BAC level than a small person.
- o Sex. Women generally reach higher BACs than men of the same weight with the same amount of alcohol intake. A higher proportion of women's body weight is in fat and fat does not absorb alcohol.
- o Amount of food in the digestive tract. Most alcohol-to-BAC charts are calculated on the basis of an empty stomach. When the stomach is empty, any alcohol consumed passes quickly into the blood stream and a peak BAC is reached rapidly. When alcohol and food are both present

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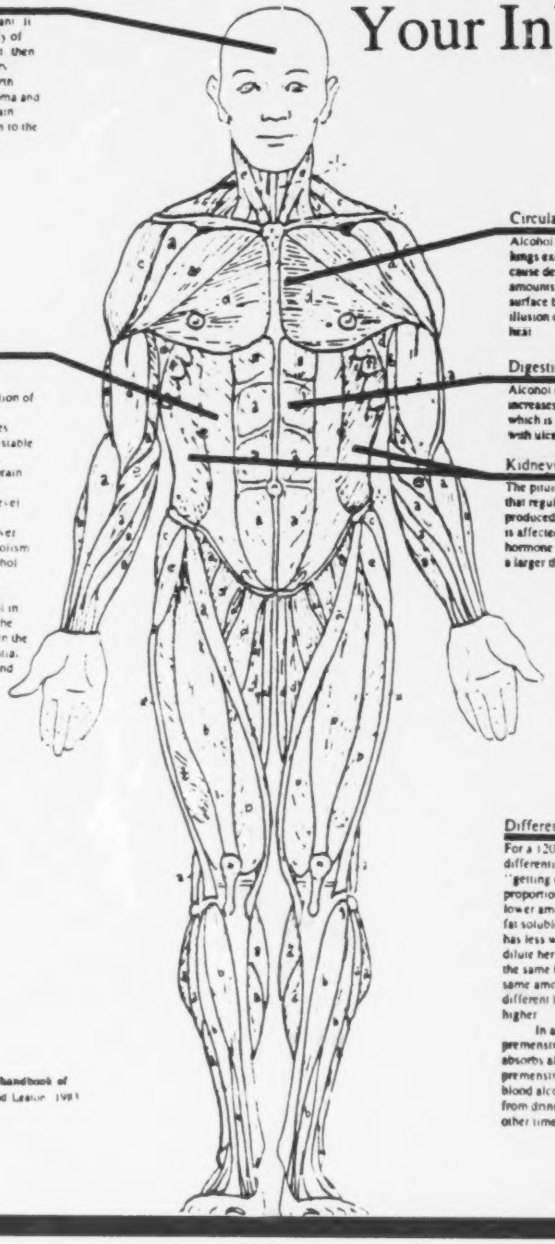
in the stomach, the alcohol is absorbed into the blood more slowly because the valve to the intestine remains closed longer due to the presence of the food. This delay allows the body to burn off some of the alcohol while the rest is being absorbed, thus delaying and lowering the peak BAC reached.

- **Time spent drinking.** Alcohol is eliminated by the body at a constant rate of about half an ounce--the amount in one "typical" drink--per hour. If a person drinks slowly, at close to this elimination rate, alcohol will not build up in the body.
- **Time since last drink.** Because time is needed for alcohol to progress from the digestive tract to the rest of the body, a person's BAC can continue to rise after he or she has stopped drinking. After a peak BAC is reached, the amount of alcohol in the body slowly decreases as it is eliminated.

Alcohol Affects *More* Than Just Your Inhibitions

Central Nervous System

The drug alcohol is a CNS depressant. It interferes with or lowers the activity of the brain. Judgment is affected first, then muscular coordination, then sensory perception. After one and one fourth pints of whiskey a person is in a coma and dangerously close to death. The brain centers, which send out instructions to the heart and breathing apparatus, are partially anesthetized.



Circulatory System

Alcohol has few effects on the heart or lungs except in high amounts when it may cause death. However, even in moderate amounts alcohol is a vasodilator of the surface blood vessels which, despite the illusion of warmth, causes a loss of body heat.

Liver

The intake of even relatively small amounts of alcohol (1-2 ounces) by nonalcoholics can lead to accumulation of fat in liver cells.

Furthermore, alcohol interferes with the liver's ability to maintain a stable blood sugar level. Low blood sugar, called hypoglycemia, deprives the brain of its proper nourishment. In a sufficiently depressed blood sugar level state, coma can occur.

In addition to all of this, the liver plays an important role in the metabolism of other drugs. The presence of alcohol can interfere with this and in part be responsible for some alcohol-drug interactions. The presence of alcohol in the liver, for example, slows down the metabolism of medication, thus when the next scheduled dose is taken substantial amounts of the earlier dose remain and cumulative toxic or side effects may occur.

Digestion

Alcohol irritates the intestinal system and increases acid secretion by the stomach which is particularly harmful to those with ulcers.

Kidneys

The pituitary gland secretes the hormone that regulates the amount of urine produced in the kidneys. As the pituitary is affected by alcohol, too little of the hormone is secreted and the kidneys form a larger than normal amount of urine.

Differences in Women

For a 120 pound woman the weight differential speeds up the process of "getting drunk." Women have a higher proportion of fat and correspondingly lower amounts of water. Alcohol is not fat soluble. Therefore, because a woman has less water than a man in which to dilute her alcohol, a woman and a man of the same body weight, both drinking the same amounts of alcohol, will have different blood alcohol levels. hers will be higher.

In addition to this, during the premenstrual phase of her cycle, a woman absorbs alcohol more rapidly. So premenstrually a woman will get a higher blood alcohol level than she would get from drinking an equivalent amount at other times.

Source: Loosening the grip: A handbook of alcohol information, Kinney and Leaton, 1983

Design: Beth Beauvois

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NATIONAL CLEARINGHOUSE FOR ALCOHOL INFORMATION

It's Dangerous to Mix Alcohol and Drugs

In recent years, hundreds of new drugs have been introduced for inducing sleep, for tranquilization and sedation, and for relief of pain, motion sickness, head colds, and allergy symptoms. Too numerous to name, they include narcotics, barbiturates and other hypnotic-sedative drugs, tranquilizers, and antihistamines.

Alcohol is a drug. It can produce feelings of well-being, sedation, intoxication, unconsciousness, and death. Because alcohol and some of these other drugs work on the same areas of the brain, taking them fairly close together (not necessarily simultaneously) can produce a combined effect much greater than is expected. For example, alcohol and barbiturates in combination can be particularly dangerous, as they increase each other's effects on the central nervous system. Alcohol in combination with any drug that has a depressant effect on the central nervous system likewise represents a special hazard to health and safety--sometimes to life itself. The drug adds to the normal depressant effect of alcohol, further depressing the nervous system that regulates vital bodily functions. Death can result.

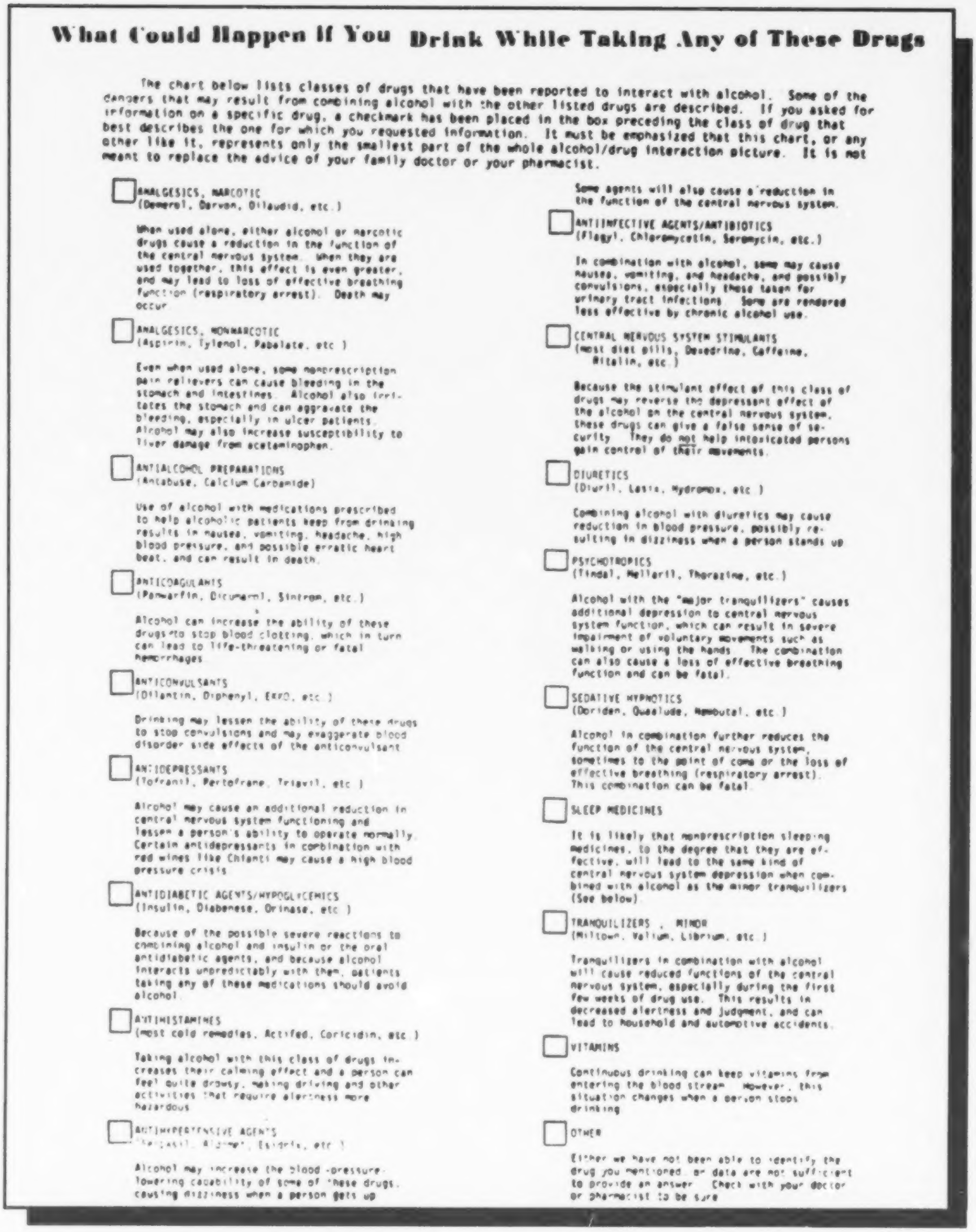
Some understanding of metabolism, i.e., the way our bodies chemically process the things we eat, drink, or take, is necessary to explain a second kind of interaction. If drugs were not metabolized within the body their effect would continue for the remainder of a person's life. In the metabolic process, drugs are transformed into other substances, which are eventually eliminated through normal bodily functions. The more rapidly a given drug is metabolized, the less impact it has. When drugs are forced to compete with alcohol for processing by the body, one or both are metabolized more slowly. As a result, the effect of the alcohol and/or the drug is exaggerated because it remains active in the blood for an extended period of time.

There are other dangers that can also lead to serious problems in persons who habitually drink large amounts of alcohol. Liver damage resulting from prolonged drinking can reduce the metabolism of many drugs, causing a normal dose to be unexpectedly potent. On the other hand, barbiturates or sedatives will have less effect in heavy drinkers during periods of sobriety, as excessive drinking eventually increases the body's ability to metabolize them. It is therefore not uncommon for heavy drinkers to take ever larger doses of these drugs, because the usual quantities taken by nondrinkers or moderate drinkers will have little effect. The results of taking the large dose and then drinking can place these persons in even greater jeopardy and can be fatal.

Think Before You Drink

Of the 100 most frequently prescribed drugs, more than half contain at least one ingredient known to react adversely with alcohol. If you want to take a drink when you are also taking medication, three actions may save you from a serious illness or accident, or may even save your life:

- Read the warnings on nonprescription drug labels or those on your prescription container
- Ask your doctor about possible alcohol/drug interactions
- Check with your pharmacist if you have any questions about your medication, especially those you can buy without a doctor's prescription



What Could Happen if You Drink While Taking Any of These Drugs

The chart below lists classes of drugs that have been reported to interact with alcohol. Some of the dangers that may result from combining alcohol with the other listed drugs are described. If you asked for information on a specific drug, a checkmark has been placed in the box preceding the class of drug that best describes the one for which you requested information. It must be emphasized that this chart, or any other like it, represents only the smallest part of the whole alcohol/drug interaction picture. It is not meant to replace the advice of your family doctor or your pharmacist.

☐ ANALGESICS, NARCOTIC
(Demerol, Darvon, Dilaudid, etc.)

When used alone, either alcohol or narcotic drugs cause a reduction in the function of the central nervous system. When they are used together, this effect is even greater, and may lead to loss of effective breathing function (respiratory arrest). Death may occur.

☐ ANALGESICS, NONNARCOTIC
(Aspirin, Tylenol, Pabalate, etc.)

Even when used alone, some nonprescription pain relievers can cause bleeding in the stomach and intestines. Alcohol also irritates the stomach and can aggravate the bleeding, especially in ulcer patients. Alcohol may also increase susceptibility to liver damage from acetaminophen.

☐ ANTIALCOHOL PREPARATIONS
(Antabuse, Calcium Carbamide)

Use of alcohol with medications prescribed to help alcoholic patients keep from drinking results in nausea, vomiting, headache, high blood pressure, and possible erratic heart beat, and can result in death.

☐ ANTICOAGULANTS
(Panwarfin, Dicumarol, Sintrom, etc.)

Alcohol can increase the ability of these drugs to stop blood clotting, which in turn can lead to life-threatening or fatal hemorrhages.

☐ ANTICONVULSANTS
(Dilantin, Diphenyl, EKKO, etc.)

Drinking may lessen the ability of these drugs to stop convulsions and may exaggerate blood disorder side effects of the anticonvulsant.

☐ ANTIDEPRESSANTS
(Tofranil, Pertofrane, Triavil, etc.)

Alcohol may cause an additional reduction in central nervous system functioning and lessen a person's ability to operate normally. Certain antidepressants in combination with red wines like Chianti may cause a high blood pressure crisis.

☐ ANTIDIABETIC AGENTS/HYPOGLYCEMICS
(Insulin, Diabenese, Orinase, etc.)

Because of the possible severe reactions to combining alcohol and insulin or the oral antidiabetic agents, and because alcohol interacts unpredictably with them, patients taking any of these medications should avoid alcohol.

☐ ANTIHISTAMINES
(most cold remedies, Actifed, Coricidin, etc.)

Taking alcohol with this class of drugs increases their calming effect and a person can feel quite drowsy, making driving and other activities that require alertness more hazardous.

☐ ANTIHYPERTENSIVE AGENTS
(Serpasil, Aldomet, Esidrix, etc.)

Alcohol may increase the blood-pressure-lowering capability of some of these drugs, causing dizziness when a person gets up. Some agents will also cause a reduction in the function of the central nervous system.

☐ ANTIINFECTIVE AGENTS/ANTIBIOTICS
(Flagyl, Chloromycetin, Seromycin, etc.)

In combination with alcohol, some may cause nausea, vomiting, and headache, and possibly convulsions, especially those taken for urinary tract infections. Some are rendered less effective by chronic alcohol use.

☐ CENTRAL NERVOUS SYSTEM STIMULANTS
(most diet pills, Dexedrine, Caffeine, Ritalin, etc.)

Because the stimulant effect of this class of drugs may reverse the depressant effect of the alcohol on the central nervous system, these drugs can give a false sense of security. They do not help intoxicated persons gain control of their movements.

☐ DIURETICS
(Diuril, Lasix, Hydromox, etc.)

Combining alcohol with diuretics may cause reduction in blood pressure, possibly resulting in dizziness when a person stands up.

☐ PSYCHOTROPICS
(Tindal, Mellaril, Thorazine, etc.)

Alcohol with the "major tranquilizers" causes additional depression to central nervous system function, which can result in severe impairment of voluntary movements such as walking or using the hands. The combination can also cause a loss of effective breathing function and can be fatal.

☐ SEDATIVE HYPNOTICS
(Doriden, Quaalude, Nembutal, etc.)

Alcohol in combination further reduces the function of the central nervous system, sometimes to the point of coma or the loss of effective breathing (respiratory arrest). This combination can be fatal.

☐ SLEEP MEDICINES

It is likely that nonprescription sleeping medicines, to the degree that they are effective, will lead to the same kind of central nervous system depression when combined with alcohol as the minor tranquilizers (See below).

☐ TRANQUILIZERS, MINOR
(Miltown, Valium, Librium, etc.)

Tranquilizers in combination with alcohol will cause reduced functions of the central nervous system, especially during the first few weeks of drug use. This results in decreased alertness and judgment, and can lead to household and automotive accidents.

☐ VITAMINS

Continuous drinking can keep vitamins from entering the blood stream. However, this situation changes when a person stops drinking.

☐ OTHER

Either we have not been able to identify the drug you mentioned, or data are not sufficient to provide an answer. Check with your doctor or pharmacist to be sure.

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McKinley Health Center
University of Illinois at Champaign -
Urbana

Women
and
Alcohol

TIPS FOR SIPPING WOMEN

Know how long it takes for your body to metabolize your drinks. (See chart below)

Don't try to "keep up with" the group; drink at your own comfortable pace.

Always try to eat something before and while you are drinking.

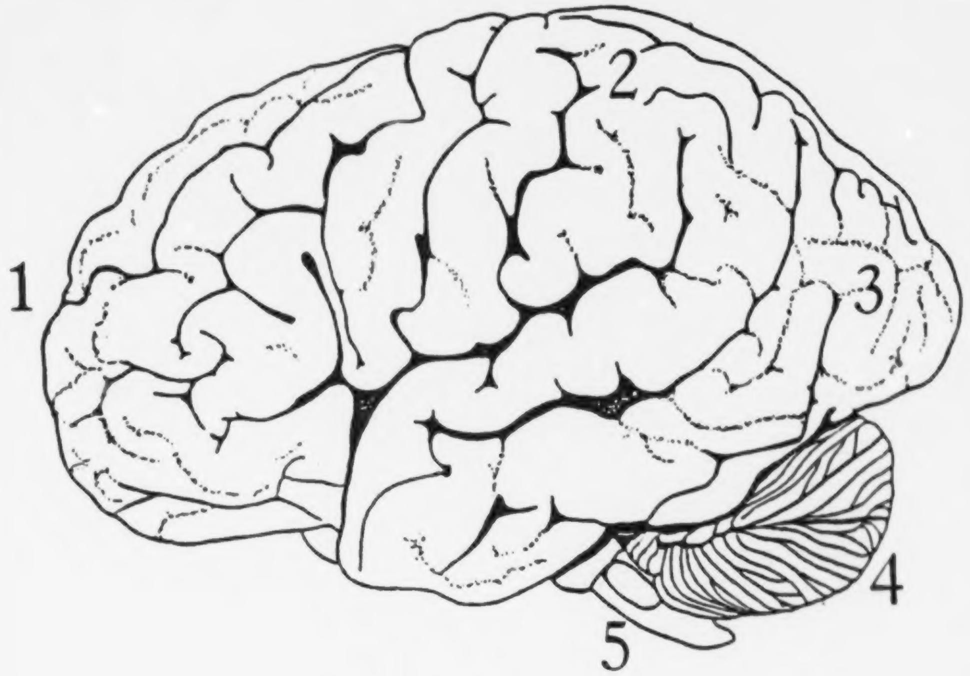
Gauge and monitor your drinking according to your menstrual cycle.

Know what you are doing when you drink and are taking medications.

HOURS TO METABOLIZE DRINKS

Drinks*	Weight:			
	100 lbs.	120 lbs.	140 lbs.	160 lbs.
1	3.1	2.6	2.2	1.9
2	6.2	5.2	4.5	3.9
3	9.3	7.8	6.7	5.8
4	12.4	10.4	9.0	7.8
5	15.6	13.0	11.1	9.8
6	18.6	15.6	13.5	11.7

*Drink: 1½ oz. 86 proof liquor or 5 oz. 12% wine or
12 oz. 4.5% beer.



EFFECTS ON THE BRAIN AS B.A.C. INCREASES

1. FRONTAL LOBE:(.01 - .10)
   lowering of inhibitions
   reduced self-control
   feeling of well-being
   reduced judgement capacity
   weakened will power
   dulling of attention

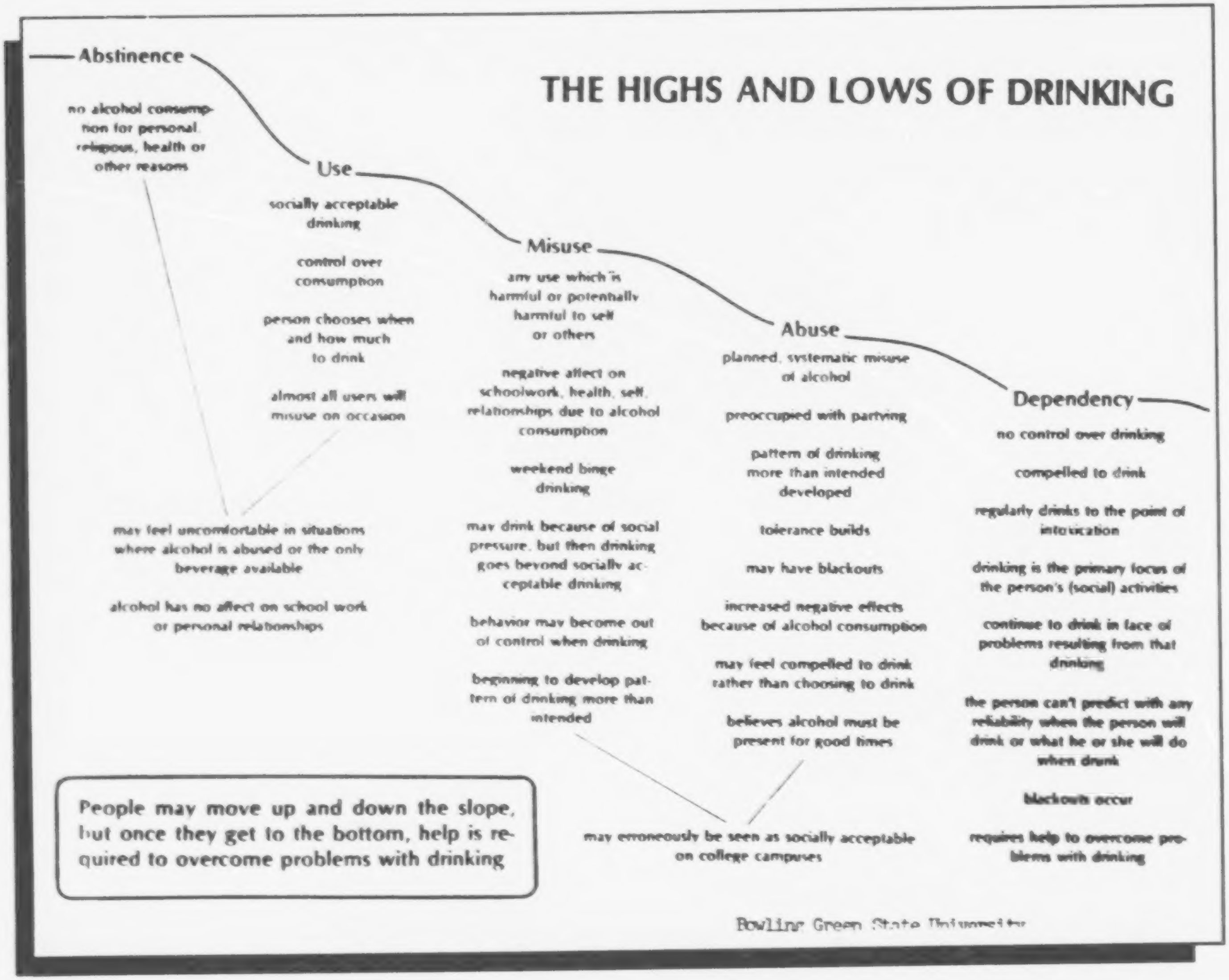
2. PARIETAL LOBE: (.10-.30)
   distorted sensory abilities
   unsteadiness of movement
   loss of some fine motor skills
   speech disturbance

3. OCCIPITAL LOBE: (.20-.30)
   loss of color perception
   distortion of vision
   double vision
   loss of depth perception

4. CEREBELLUM: (.15-.35)
   coordination impairment
   serious problems with balance
   problems with coordination

(5:CONTINUED INTAKE MAY BEGIN TO AFFECT REGULATORY FUNCTIONS AT HIGH BAC)

University of South Carolina



THE HIGHS AND LOWS OF DRINKING

Abstinence

no alcohol consumption for personal, religious, health or other reasons

Use

socially acceptable drinking

control over consumption

person chooses when and how much to drink

almost all users will misuse on occasion

may feel uncomfortable in situations where alcohol is abused or the only beverage available

alcohol has no affect on school work or personal relationships

Misuse

any use which is harmful or potentially harmful to self or others

negative affect on schoolwork, health, self, relationships due to alcohol consumption

weekend binge drinking

may drink because of social pressure, but then drinking goes beyond socially acceptable drinking

behavior may become out of control when drinking

beginning to develop pattern of drinking more than intended

Abuse

planned, systematic misuse of alcohol

preoccupied with partying

pattern of drinking more than intended developed

tolerance builds

may have blackouts

increased negative effects because of alcohol consumption

may feel compelled to drink rather than choosing to drink

believes alcohol must be present for good times

may erroneously be seen as socially acceptable on college campuses

Dependency

no control over drinking

compelled to drink

regularly drinks to the point of intoxication

drinking is the primary focus of the person's (social) activities

continue to drink in face of problems resulting from that drinking

the person can't predict with any reliability when the person will drink or what he or she will do when drunk

blackouts occur

requires help to overcome problems with drinking

People may move up and down the slope, but once they get to the bottom, help is required to overcome problems with drinking

Bowling Green State University

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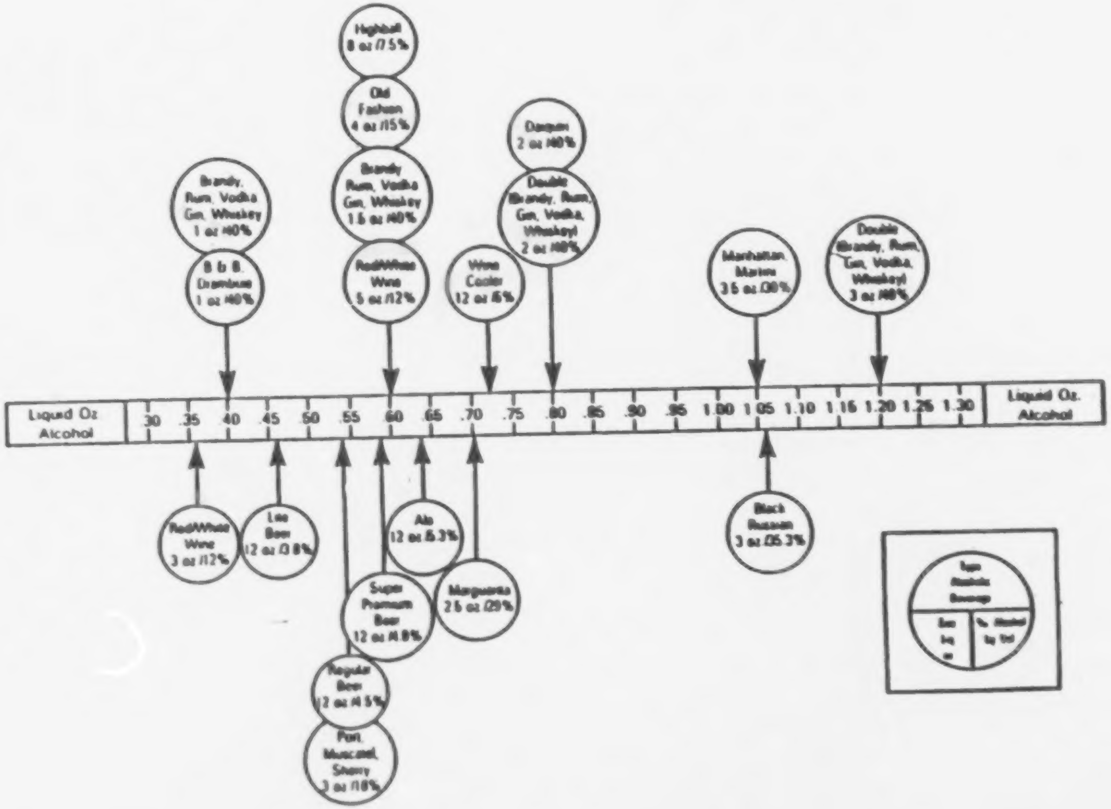
Figure 1
Alcohol Content of Various Alcoholic Beverages



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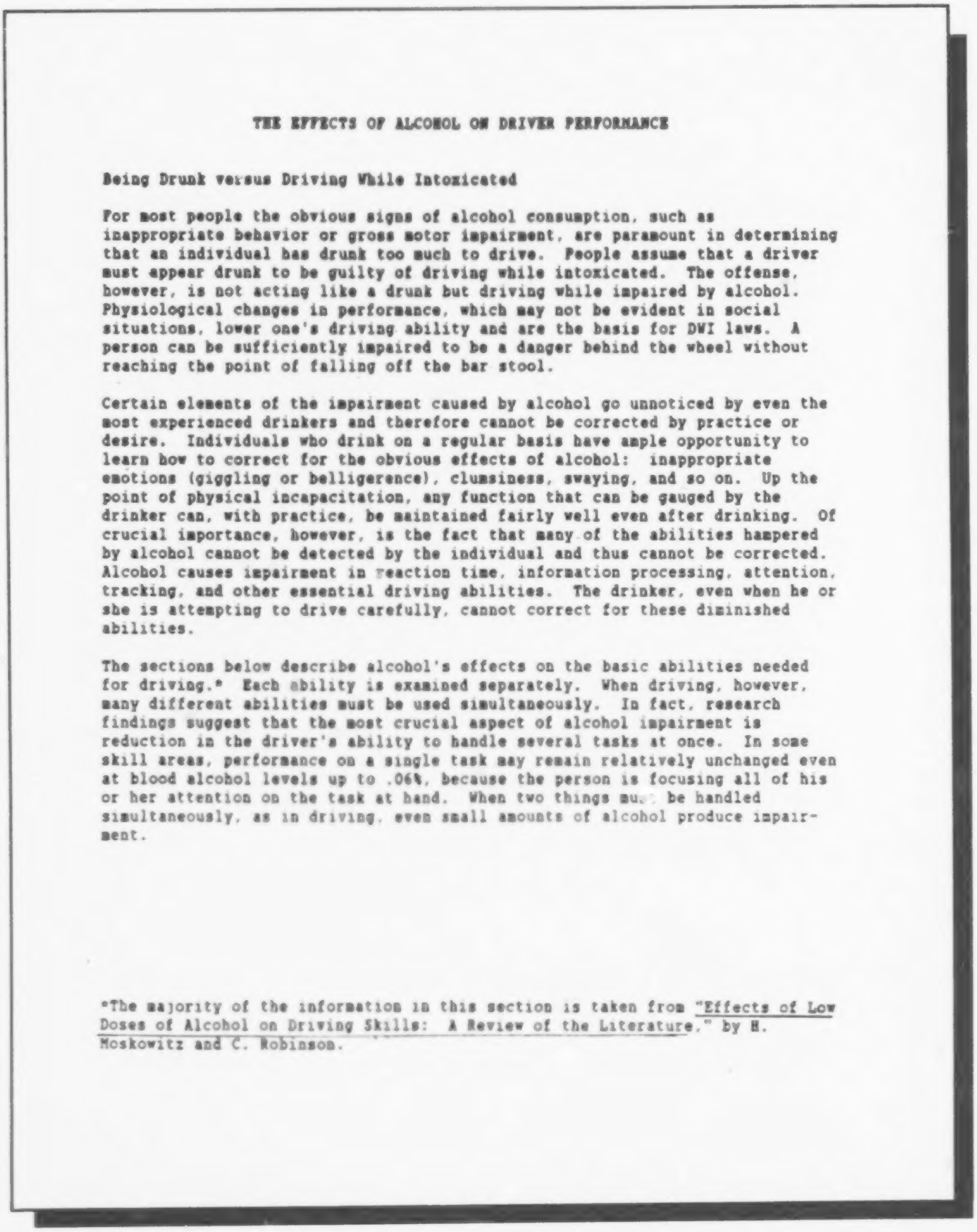

THE EFFECTS OF ALCOHOL ON DRIVER PERFORMANCE

Being Drunk versus Driving While Intoxicated

For most people the obvious signs of alcohol consumption, such as inappropriate behavior or gross motor impairment, are paramount in determining that an individual has drunk too much to drive. People assume that a driver must appear drunk to be guilty of driving while intoxicated. The offense, however, is not acting like a drunk but driving while impaired by alcohol. Physiological changes in performance, which may not be evident in social situations, lower one's driving ability and are the basis for DWI laws. A person can be sufficiently impaired to be a danger behind the wheel without reaching the point of falling off the bar stool.

Certain elements of the impairment caused by alcohol go unnoticed by even the most experienced drinkers and therefore cannot be corrected by practice or desire. Individuals who drink on a regular basis have ample opportunity to learn how to correct for the obvious effects of alcohol: inappropriate emotions (giggling or belligerence), clumsiness, swaying, and so on. Up the point of physical incapacitation, any function that can be gauged by the drinker can, with practice, be maintained fairly well even after drinking. Of crucial importance, however, is the fact that many of the abilities hampered by alcohol cannot be detected by the individual and thus cannot be corrected. Alcohol causes impairment in reaction time, information processing, attention, tracking, and other essential driving abilities. The drinker, even when he or she is attempting to drive carefully, cannot correct for these diminished abilities.

The sections below describe alcohol's effects on the basic abilities needed for driving.* Each ability is examined separately. When driving, however, many different abilities must be used simultaneously. In fact, research findings suggest that the most crucial aspect of alcohol impairment is reduction in the driver's ability to handle several tasks at once. In some skill areas, performance on a single task may remain relatively unchanged even at blood alcohol levels up to .06%, because the person is focusing all of his or her attention on the task at hand. When two things must be handled simultaneously, as in driving, even small amounts of alcohol produce impairment.

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*The majority of the information in this section is taken from "Effects of Low Doses of Alcohol on Driving Skills: A Review of the Literature," by H. Moskowitz and C. Robinson.

Reaction Time

The ability to react to sudden events on the road is clearly important to successful driving. Scientists study two types of reactions: simple reaction time and choice reaction time. In the first case, the person being tested only needs to respond to a signal, while in a choice reaction test he or she must choose the correct response from several possible choices. Impairment of simple reaction time begins at 0.04% BAC, while choice reaction time is impaired slightly earlier, at 0.03 BAC%. Analyzing these results, scientists have found that alcohol lengthens the time required to decide what to do, with the time required to physically implement the decision changing only slightly. The end result, however, is an increase in the total time required to respond to a situation.

Tracking

Many people point to "weaving", or the inability to keep the car on the road, when describing the driving of an individual who has been drinking. Keeping the car on the road is a tracking task. The driver continuously observes, or tracks, the position of the vehicle with respect to the road and keeps the vehicle in the correct location. Scientists have found that tracking is impaired at BAC levels of 0.05%. If two objects are being tracked at once, however, as when the driver must allow for other vehicles in addition to his or her own, performance is reduced at BAC levels below 0.05%.

Vision

It has been estimated that people acquire about 90 percent of all their information through vision. The evidence suggests that low or moderate doses of alcohol do not produce impairment of such visual functions as static acuity (how clearly one can see), darkness adaptation, or peripheral vision. However, dynamic visual acuity (the ability to perceive detail in an object in motion) suffers below 0.05%. Control over eye movement and the ability to merge two images into one also show impairment at BAC levels below 0.05%.

Information Processing

The ability to perceive hazards on the road requires both receiving information (i.e., seeing and hearing), and processing that information in order to decide what action to take. Impairment in the time it takes the brain to understand what it has perceived is present at 0.05% BAC.

Attention

Scientists test attention levels by giving volunteers a task that requires alertness over an extended period of time. Volunteers might be required to listen for a signal that occurs at irregular intervals over a period of one or two hours, for example. The ability to focus on a single task, called

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concentrated attention, is impaired at 0.06% BAC. Situations that require concentration on two or more tasks are referred to as divided-attention tasks. Significant impairment of divided-attention performance is present at BACs of 0.05%. As the number of demands placed on attention increases, less alcohol is needed to produce impairment.

Psychomotor Performance

Psychomotor performance is a term which refers to fine, highly-controlled muscular movements, or coordination of the movement of hand and feet simultaneously. Studies indicate that BACs of 0.05% impair tasks which require skilled motor performance and coordination. The onset of impairment appears to vary with the difficulty of the task--with tasks which require high levels of precise movement likely to be impaired at lower BACs.

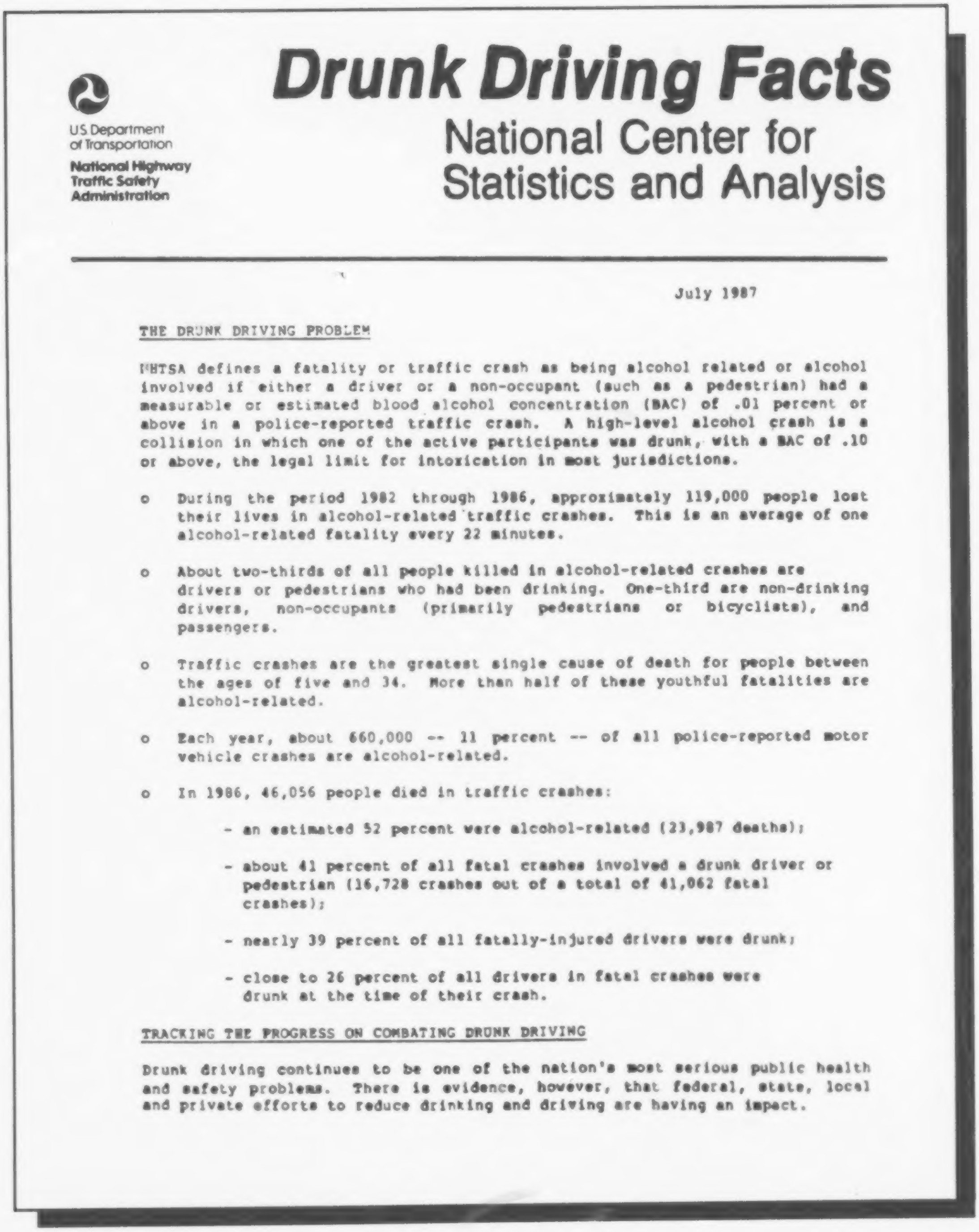
Driver Performance

Test driving on closed courses (private tracks or sections of road that have been closed to the public) or in computerized simulators, allows scientists to explore the effects of alcohol on driving in an "almost real" setting. Because performance tests are expensive, they have primarily been carried out at legally significant BAC levels (in the area of 0.08% to 0.10% BAC). It is likely that some effects of low alcohol levels on driving performance may not yet have been documented.

In driver performance tests involving a mix of simulator and closed course settings, a BAC level of 0.08% has been shown to impair:

- Accuracy of steering
- Braking
- Speed control
- Lane tracking
- Gear changing
- Judgments of speed and distance

Recent research involving a closed-course test of driving performance included simulated emergencies. In this test, BACs of 0.04% were found to impair response to the emergency situation. This findings stems from the fact that alcohol reduces the drinker's ability to handle more than one task at a time. The driver who is affected by alcohol is able to concentrate on controlling the vehicle, but is then less able to scan for and respond to emergencies.



US Department of Transportation
National Highway Traffic Safety Administration

Drunk Driving Facts

National Center for Statistics and Analysis

July 1987

THE DRUNK DRIVING PROBLEM

NHTSA defines a fatality or traffic crash as being alcohol related or alcohol involved if either a driver or a non-occupant (such as a pedestrian) had a measurable or estimated blood alcohol concentration (BAC) of .01 percent or above in a police-reported traffic crash. A high-level alcohol crash is a collision in which one of the active participants was drunk, with a BAC of .10 or above, the legal limit for intoxication in most jurisdictions.

- During the period 1982 through 1986, approximately 119,000 people lost their lives in alcohol-related traffic crashes. This is an average of one alcohol-related fatality every 22 minutes.
- About two-thirds of all people killed in alcohol-related crashes are drivers or pedestrians who had been drinking. One-third are non-drinking drivers, non-occupants (primarily pedestrians or bicyclists), and passengers.
- Traffic crashes are the greatest single cause of death for people between the ages of five and 34. More than half of these youthful fatalities are alcohol-related.
- Each year, about 660,000 -- 11 percent -- of all police-reported motor vehicle crashes are alcohol-related.
- In 1986, 46,056 people died in traffic crashes:
    - an estimated 52 percent were alcohol-related (23,987 deaths);
    - about 41 percent of all fatal crashes involved a drunk driver or pedestrian (16,728 crashes out of a total of 41,062 fatal crashes);
    - nearly 39 percent of all fatally-injured drivers were drunk;
    - close to 26 percent of all drivers in fatal crashes were drunk at the time of their crash.

TRACKING THE PROGRESS ON COMBATING DRUNK DRIVING

Drunk driving continues to be one of the nation's most serious public health and safety problems. There is evidence, however, that federal, state, local and private efforts to reduce drinking and driving are having an impact.

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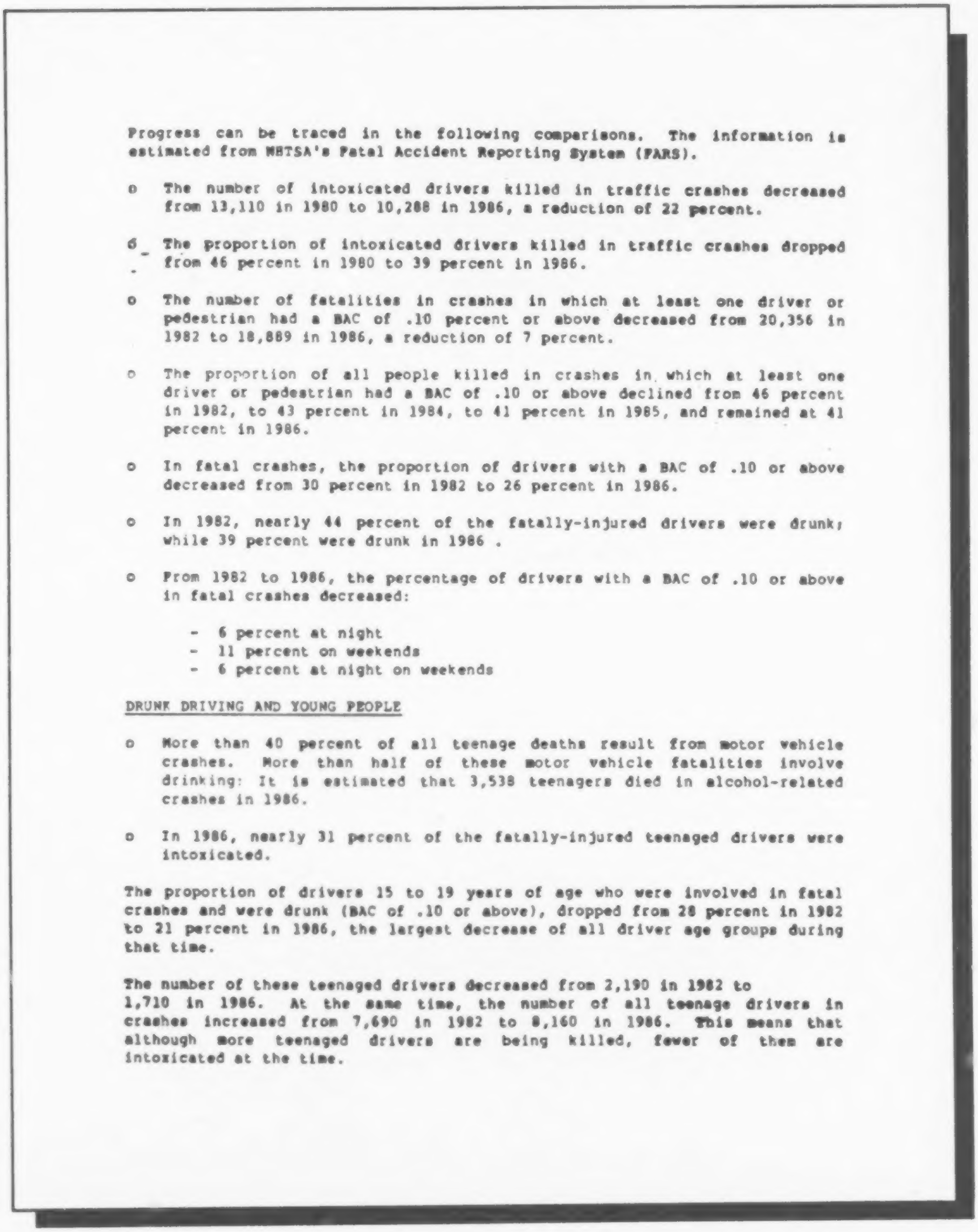


Progress can be traced in the following comparisons. The information is estimated from NHTSA's Fatal Accident Reporting System (FARS).

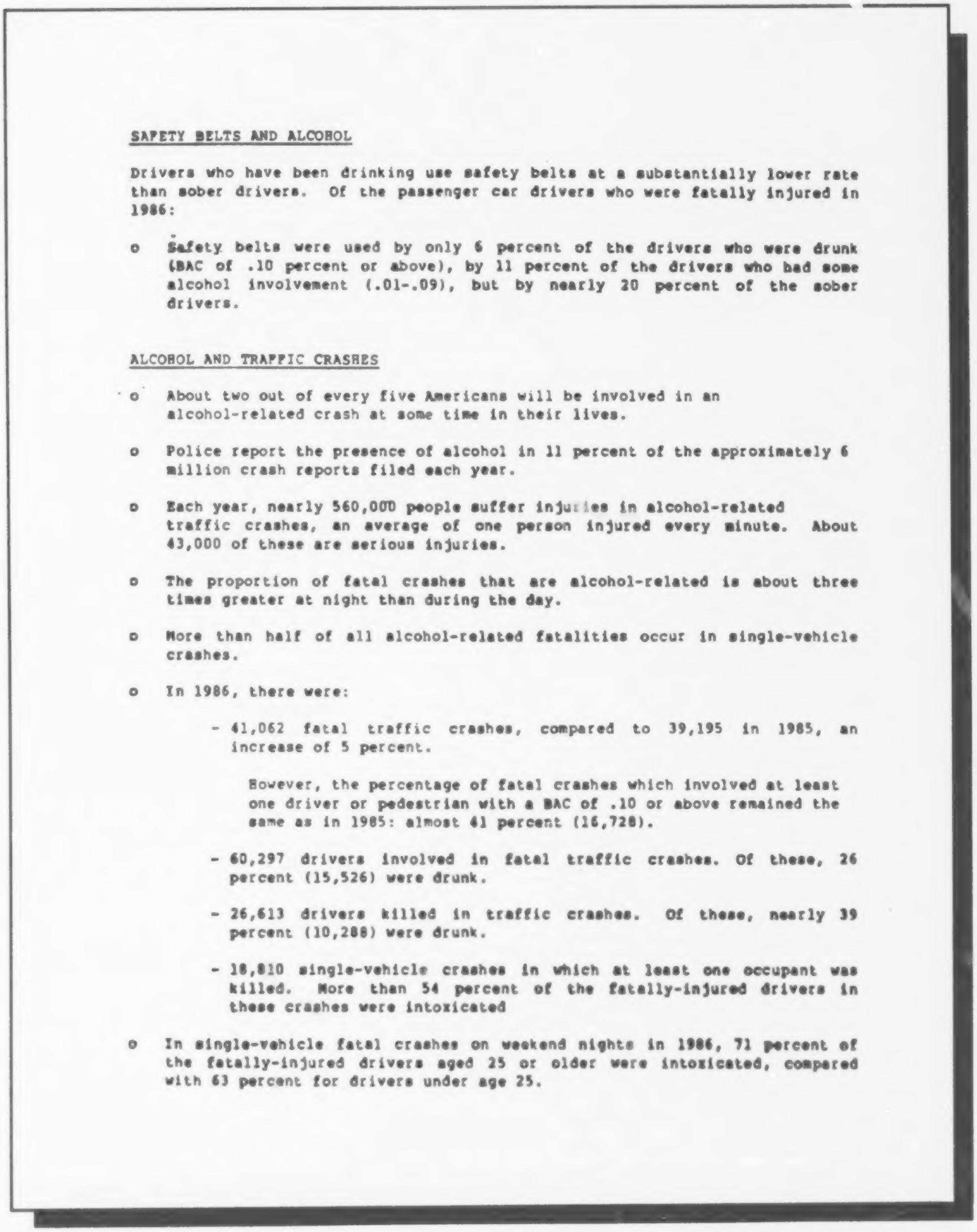
- The number of intoxicated drivers killed in traffic crashes decreased from 13,110 in 1980 to 10,288 in 1986, a reduction of 22 percent.
- The proportion of intoxicated drivers killed in traffic crashes dropped from 46 percent in 1980 to 39 percent in 1986.
- The number of fatalities in crashes in which at least one driver or pedestrian had a BAC of .10 percent or above decreased from 20,356 in 1982 to 18,889 in 1986, a reduction of 7 percent.
- The proportion of all people killed in crashes in which at least one driver or pedestrian had a BAC of .10 or above declined from 46 percent in 1982, to 43 percent in 1984, to 41 percent in 1985, and remained at 41 percent in 1986.
- In fatal crashes, the proportion of drivers with a BAC of .10 or above decreased from 30 percent in 1982 to 26 percent in 1986.
- In 1982, nearly 44 percent of the fatally-injured drivers were drunk; while 39 percent were drunk in 1986 .
- From 1982 to 1986, the percentage of drivers with a BAC of .10 or above in fatal crashes decreased:
  - 6 percent at night
  - 11 percent on weekends
  - 6 percent at night on weekends

DRUNK DRIVING AND YOUNG PEOPLE

- More than 40 percent of all teenage deaths result from motor vehicle crashes. More than half of these motor vehicle fatalities involve drinking: It is estimated that 3,538 teenagers died in alcohol-related crashes in 1986.
- In 1986, nearly 31 percent of the fatally-injured teenaged drivers were intoxicated.

The proportion of drivers 15 to 19 years of age who were involved in fatal crashes and were drunk (BAC of .10 or above), dropped from 28 percent in 1982 to 21 percent in 1986, the largest decrease of all driver age groups during that time.

The number of these teenaged drivers decreased from 2,190 in 1982 to 1,710 in 1986. At the same time, the number of all teenage drivers in crashes increased from 7,690 in 1982 to 8,160 in 1986. This means that although more teenaged drivers are being killed, fewer of them are intoxicated at the time.



SAFETY BELTS AND ALCOHOL

Drivers who have been drinking use safety belts at a substantially lower rate than sober drivers. Of the passenger car drivers who were fatally injured in 1986:

- Safety belts were used by only 6 percent of the drivers who were drunk (BAC of .10 percent or above), by 11 percent of the drivers who had some alcohol involvement (.01-.09), but by nearly 20 percent of the sober drivers.

ALCOHOL AND TRAFFIC CRASHES

- About two out of every five Americans will be involved in an alcohol-related crash at some time in their lives.
- Police report the presence of alcohol in 11 percent of the approximately 6 million crash reports filed each year.
- Each year, nearly 560,000 people suffer injuries in alcohol-related traffic crashes, an average of one person injured every minute. About 43,000 of these are serious injuries.
- The proportion of fatal crashes that are alcohol-related is about three times greater at night than during the day.
- More than half of all alcohol-related fatalities occur in single-vehicle crashes.
- In 1986, there were:
  - 41,062 fatal traffic crashes, compared to 39,195 in 1985, an increase of 5 percent.

    However, the percentage of fatal crashes which involved at least one driver or pedestrian with a BAC of .10 or above remained the same as in 1985: almost 41 percent (16,728).
  - 60,297 drivers involved in fatal traffic crashes. Of these, 26 percent (15,526) were drunk.
  - 26,613 drivers killed in traffic crashes. Of these, nearly 39 percent (10,288) were drunk.
  - 18,810 single-vehicle crashes in which at least one occupant was killed. More than 54 percent of the fatally-injured drivers in these crashes were intoxicated
- In single-vehicle fatal crashes on weekend nights in 1986, 71 percent of the fatally-injured drivers aged 25 or older were intoxicated, compared with 63 percent for drivers under age 25.

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A SELF-TEST ON KNOWLEDGE OF ALCOHOL FACTS

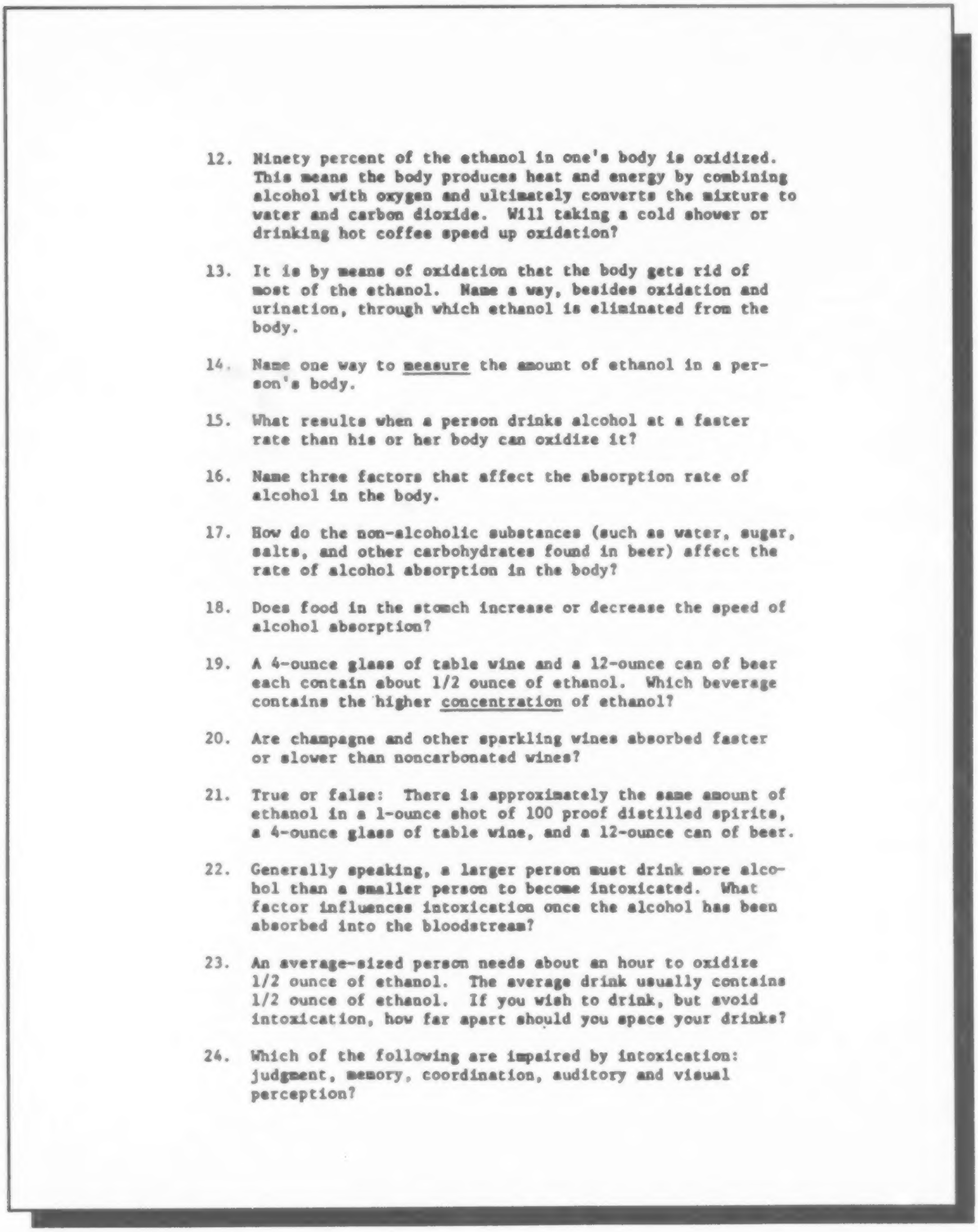
After reading pages 137 through 143, you may enjoy testing your memory by answering the following questions. The answers to the questions begin on page 147. After completing the questions, score the number of correct responses by placing a check in the margin to the right of the question. Add the total number of correct answers. Score one point for every correct answer. A perfect score is 37.

26 - 36 correct: Put out a shingle; you're guru material.
21 - 25 correct: You're a budding genius; don't let it go to your head.
16 - 20 correct: Better than most; did you ever run a still?
11 - 15 correct: Let someone else buy the liquor.
6 - 10 correct: Let someone else mix the drinks.
0 - 5 correct: Stick to milk.

Correct

1. What is the chemical substance that makes all alcoholic beverages intoxicating?
2. Ethanol and ether have similar effects. Are they classified as depressants or stimulants?
3. True or false: All distilled spirits are 100 percent ethanol.
4. The proof stated on the bottle is equal to twice the amount of ethanol it contains. What percentage of ethanol is contained in 90 proof whiskey?
5. About how much ethanol does one ounce of distilled spirits contain?
6. An average serving of most alcoholic beverages contains about the same amount of ethanol. About how much ethanol is contained in a 4-ounce glass of table wine?
7. About how much ethanol is contained in a 12-ounce can of beer?
8. True or false: Alcohol is not digested like other foods.
9. About 20 percent of the alcohol you consume is absorbed through your stomach. From where is the other 80 percent absorbed?
10. Alcohol affects behavior through which part of the body?
11. How does alcohol get to the brain?

Source: The Community Health Nurse and Alcohol-Related Problems, developed by The National Center for Alcohol Education.



12. Ninety percent of the ethanol in one's body is oxidized. This means the body produces heat and energy by combining alcohol with oxygen and ultimately converts the mixture to water and carbon dioxide. Will taking a cold shower or drinking hot coffee speed up oxidation?

13. It is by means of oxidation that the body gets rid of most of the ethanol. Name a way, besides oxidation and urination, through which ethanol is eliminated from the body.

14. Name one way to measure the amount of ethanol in a person's body.

15. What results when a person drinks alcohol at a faster rate than his or her body can oxidize it?

16. Name three factors that affect the absorption rate of alcohol in the body.

17. How do the non-alcoholic substances (such as water, sugar, salts, and other carbohydrates found in beer) affect the rate of alcohol absorption in the body?

18. Does food in the stomach increase or decrease the speed of alcohol absorption?

19. A 4-ounce glass of table wine and a 12-ounce can of beer each contain about 1/2 ounce of ethanol. Which beverage contains the higher concentration of ethanol?

20. Are champagne and other sparkling wines absorbed faster or slower than noncarbonated wines?

21. True or false: There is approximately the same amount of ethanol in a 1-ounce shot of 100 proof distilled spirits, a 4-ounce glass of table wine, and a 12-ounce can of beer.

22. Generally speaking, a larger person must drink more alcohol than a smaller person to become intoxicated. What factor influences intoxication once the alcohol has been absorbed into the bloodstream?

23. An average-sized person needs about an hour to oxidize 1/2 ounce of ethanol. The average drink usually contains 1/2 ounce of ethanol. If you wish to drink, but avoid intoxication, how far apart should you space your drinks?

24. Which of the following are impaired by intoxication: judgment, memory, coordination, auditory and visual perception?

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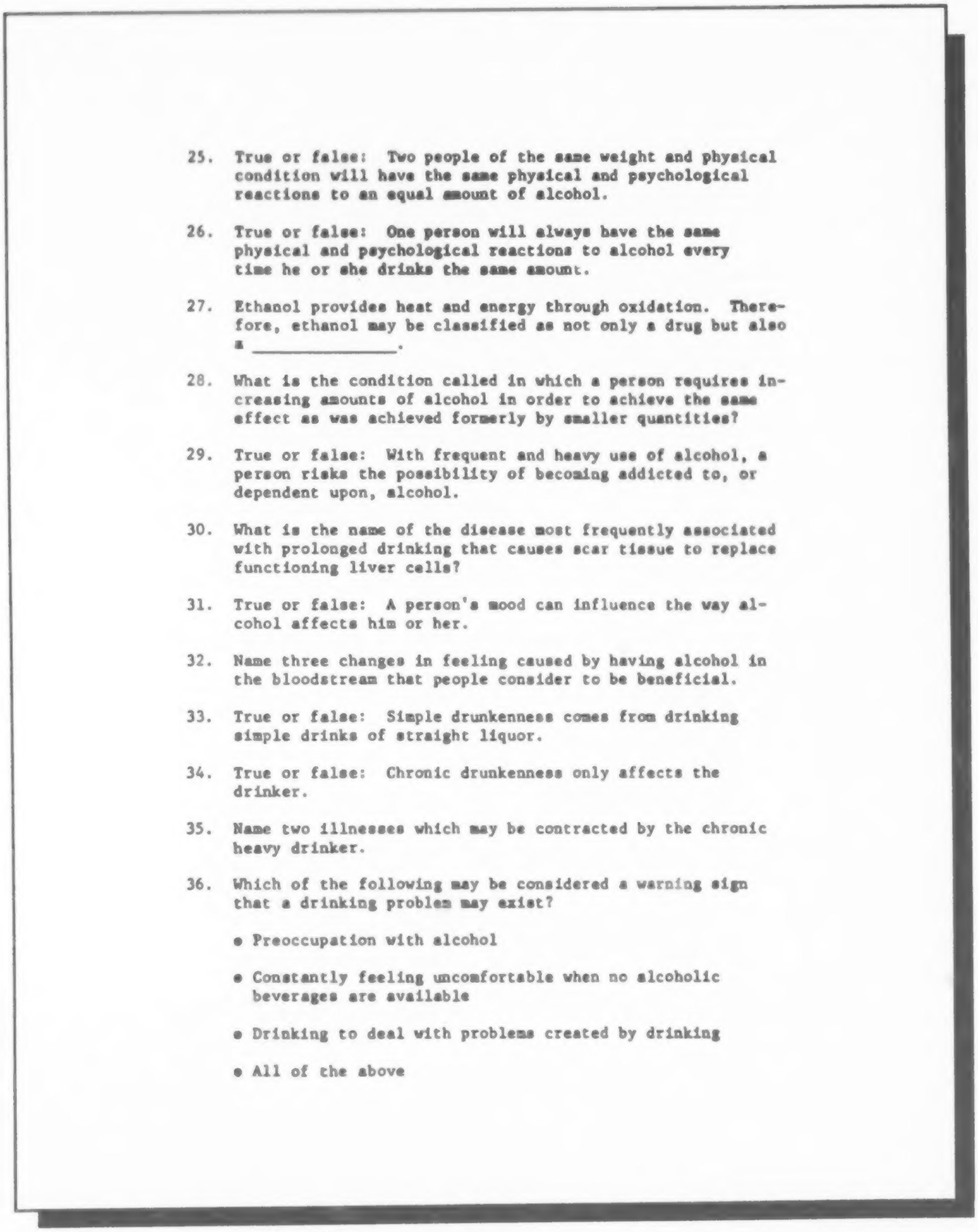


25. True or false: Two people of the same weight and physical condition will have the same physical and psychological reactions to an equal amount of alcohol.

26. True or false: One person will always have the same physical and psychological reactions to alcohol every time he or she drinks the same amount.

27. Ethanol provides heat and energy through oxidation. Therefore, ethanol may be classified as not only a drug but also a ______________.

28. What is the condition called in which a person requires increasing amounts of alcohol in order to achieve the same effect as was achieved formerly by smaller quantities?

29. True or false: With frequent and heavy use of alcohol, a person risks the possibility of becoming addicted to, or dependent upon, alcohol.

30. What is the name of the disease most frequently associated with prolonged drinking that causes scar tissue to replace functioning liver cells?

31. True or false: A person's mood can influence the way alcohol affects him or her.

32. Name three changes in feeling caused by having alcohol in the bloodstream that people consider to be beneficial.

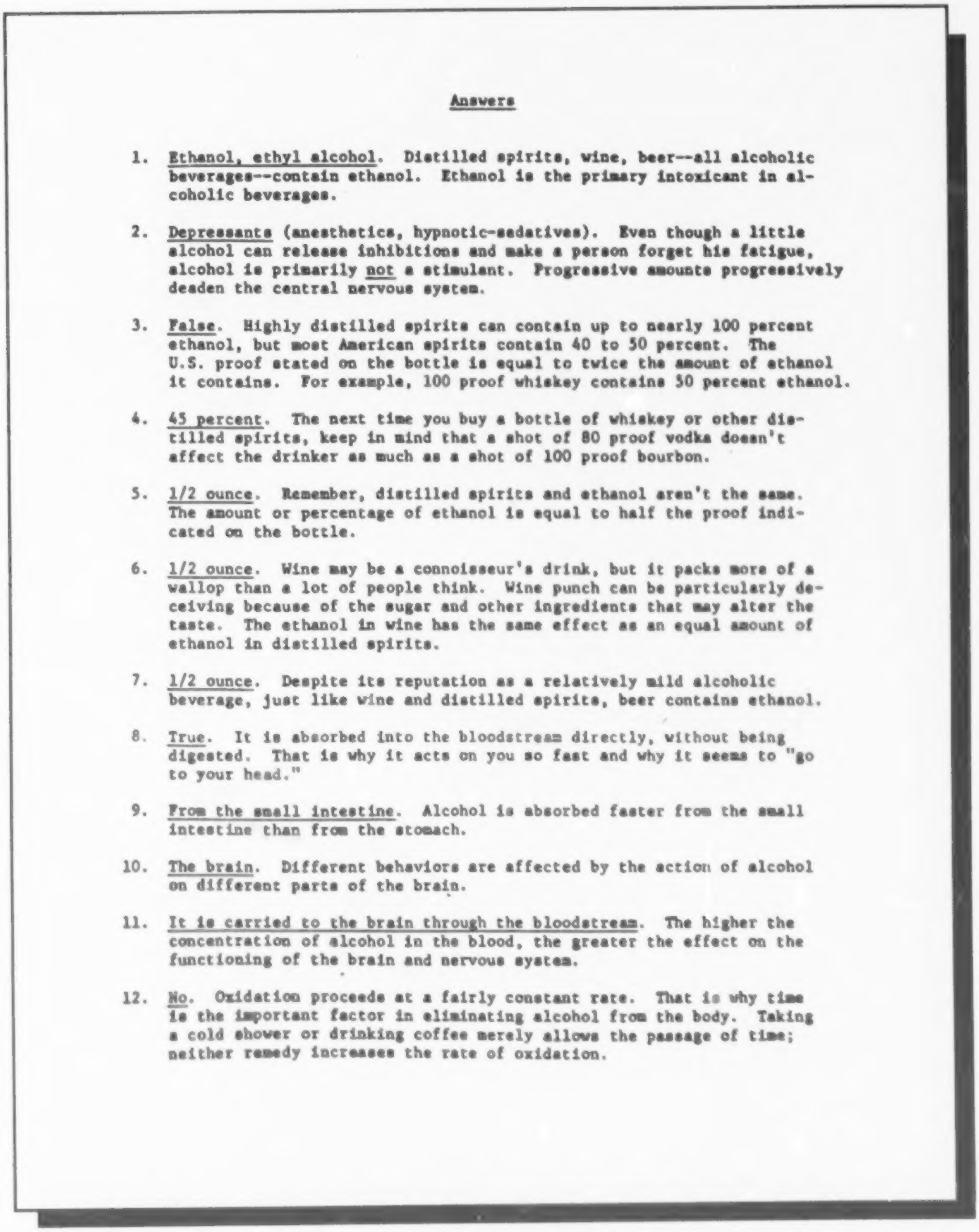
33. True or false: Simple drunkenness comes from drinking simple drinks of straight liquor.

34. True or false: Chronic drunkenness only affects the drinker.

35. Name two illnesses which may be contracted by the chronic heavy drinker.

36. Which of the following may be considered a warning sign that a drinking problem may exist?

- Preoccupation with alcohol
- Constantly feeling uncomfortable when no alcoholic beverages are available
- Drinking to deal with problems created by drinking
- All of the above



Answers

1. Ethanol, ethyl alcohol. Distilled spirits, wine, beer--all alcoholic beverages--contain ethanol. Ethanol is the primary intoxicant in alcoholic beverages.

2. Depressants (anesthetics, hypnotic-sedatives). Even though a little alcohol can release inhibitions and make a person forget his fatigue, alcohol is primarily not a stimulant. Progressive amounts progressively deaden the central nervous system.

3. False. Highly distilled spirits can contain up to nearly 100 percent ethanol, but most American spirits contain 40 to 50 percent. The U.S. proof stated on the bottle is equal to twice the amount of ethanol it contains. For example, 100 proof whiskey contains 50 percent ethanol.

4. 45 percent. The next time you buy a bottle of whiskey or other distilled spirits, keep in mind that a shot of 80 proof vodka doesn't affect the drinker as much as a shot of 100 proof bourbon.

5. 1/2 ounce. Remember, distilled spirits and ethanol aren't the same. The amount or percentage of ethanol is equal to half the proof indicated on the bottle.

6. 1/2 ounce. Wine may be a connoisseur's drink, but it packs more of a wallop than a lot of people think. Wine punch can be particularly deceiving because of the sugar and other ingredients that may alter the taste. The ethanol in wine has the same effect as an equal amount of ethanol in distilled spirits.

7. 1/2 ounce. Despite its reputation as a relatively mild alcoholic beverage, just like wine and distilled spirits, beer contains ethanol.

8. True. It is absorbed into the bloodstream directly, without being digested. That is why it acts on you so fast and why it seems to "go to your head."

9. From the small intestine. Alcohol is absorbed faster from the small intestine than from the stomach.

10. The brain. Different behaviors are affected by the action of alcohol on different parts of the brain.

11. It is carried to the brain through the bloodstream. The higher the concentration of alcohol in the blood, the greater the effect on the functioning of the brain and nervous system.

12. No. Oxidation proceeds at a fairly constant rate. That is why time is the important factor in eliminating alcohol from the body. Taking a cold shower or drinking coffee merely allows the passage of time; neither remedy increases the rate of oxidation.

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13. Exhaling or sweating. Since 90 percent of the alcohol one drinks is oxidized or burned up, breathing faster or running around the block will not significantly speed up the time it takes to get rid of the alcohol consumed.

14. Blood, urine, or breath samples can reveal the concentration of ethanol in a person's system. Each of these procedures, particularly blood sampling, is quite accurate. Police usually use a breath testing device on suspected intoxicated drivers because of the test's convenience.

15. Intoxication if enough alcohol is accumulated. Remember, drinking doesn't have to go hand-in-hand with intoxication. People can drink alcoholic beverages at rates or in amounts that do not necessarily cause drunkenness or intoxication.

16. The concentration of alcohol in the beverage consumed
    Amount of alcohol consumed
    Rate of drinking
    Food in stomach
    Non-alcoholic substances in beverage
    Emotions (i.e., stress, fear, anger)
    Carbonation in beverage
    Any of these answers is correct.

17. Slow, decrease. Any food substance blocks absorption to some extent. However, this doesn't mean the tomato juice in a Bloody Mary will offer a lot of protection.

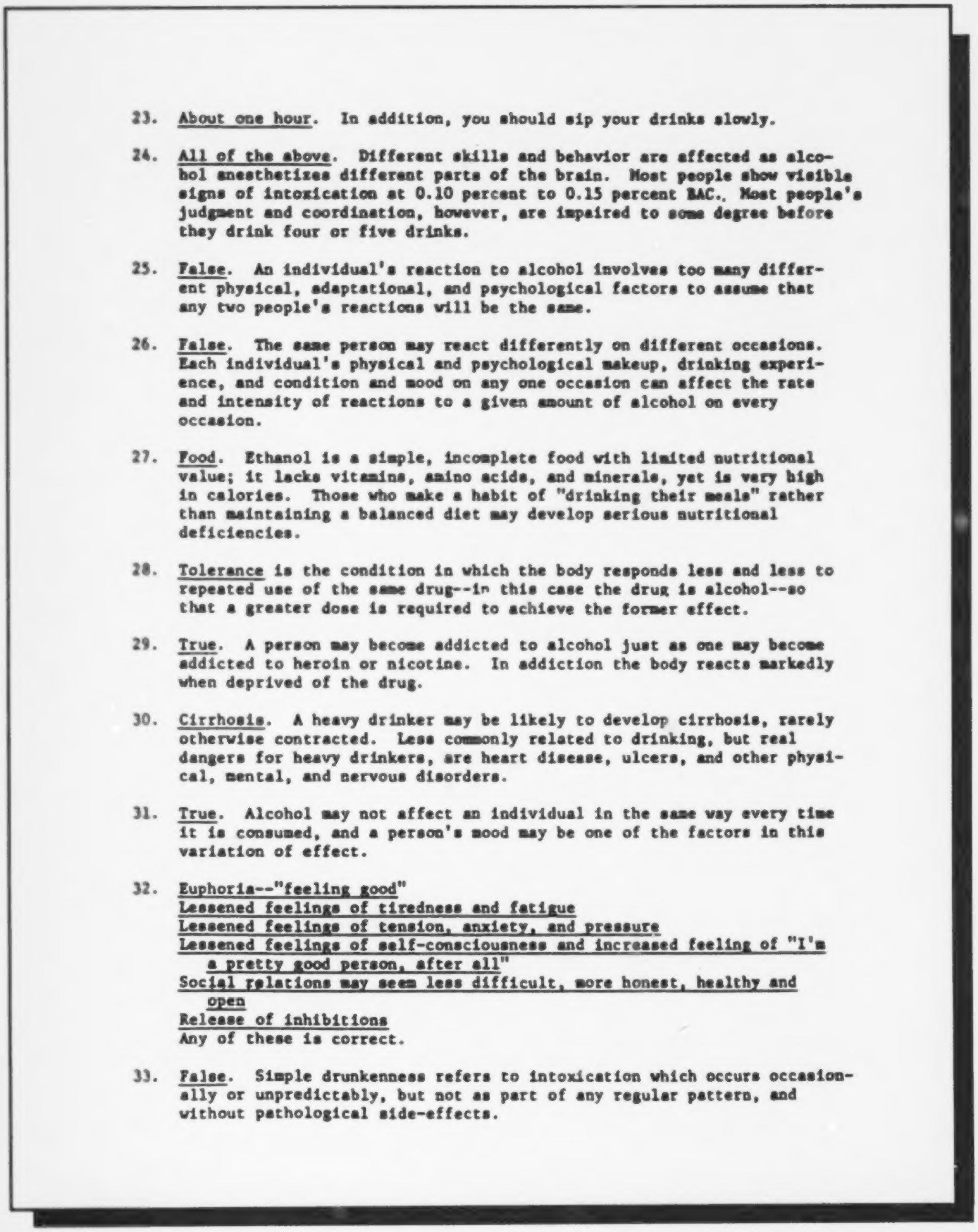
18. Decrease. Food both dilutes the alcohol and cushions the wall of the stomach against absorption. Oily foods and proteins such as milk are especially effective in slowing absorption.

19. Wine. As we said, a 12-ounce can of beer and a 4-ounce glass of table wine contain comparable amounts of ethanol. So, we may assume the wine is roughly three times as strong as beer. However, since few people stop at only 4 ounces of beer, an "average" serving is beer is as potent as an "average" glass of wine.

20. Faster. The carbon dioxide in carbonated beverages can cause the valve between the stomach and the small intestine to open sooner than alcohol alone. With the passage of the alcohol into the small intestine, the absorption rate is increased.

21. True. An average serving of each has about the same alcohol content and is almost equally intoxicating.

22. Body size and weight. Large people have more blood. Alcohol is diluted in proportion to the amount of blood a person has. This is not to say a larger person can drink more than a smaller person without feeling the effects of alcohol; other physical and psychological factors are involved. However, body weight and size are large factors in one's rate of intoxication.



23. About one hour. In addition, you should sip your drinks slowly.

24. All of the above. Different skills and behavior are affected as alcohol anesthetizes different parts of the brain. Most people show visible signs of intoxication at 0.10 percent to 0.15 percent BAC., Most people's judgment and coordination, however, are impaired to some degree before they drink four or five drinks.

25. False. An individual's reaction to alcohol involves too many different physical, adaptational, and psychological factors to assume that any two people's reactions will be the same.

26. False. The same person may react differently on different occasions. Each individual's physical and psychological makeup, drinking experience, and condition and mood on any one occasion can affect the rate and intensity of reactions to a given amount of alcohol on every occasion.

27. Food. Ethanol is a simple, incomplete food with limited nutritional value; it lacks vitamins, amino acids, and minerals, yet is very high in calories. Those who make a habit of "drinking their meals" rather than maintaining a balanced diet may develop serious nutritional deficiencies.

28. Tolerance is the condition in which the body responds less and less to repeated use of the same drug--in this case the drug is alcohol--so that a greater dose is required to achieve the former effect.

29. True. A person may become addicted to alcohol just as one may become addicted to heroin or nicotine. In addiction the body reacts markedly when deprived of the drug.

30. Cirrhosis. A heavy drinker may be likely to develop cirrhosis, rarely otherwise contracted. Less commonly related to drinking, but real dangers for heavy drinkers, are heart disease, ulcers, and other physical, mental, and nervous disorders.

31. True. Alcohol may not affect an individual in the same way every time it is consumed, and a person's mood may be one of the factors in this variation of effect.

32. Euphoria--"feeling good"
Lessened feelings of tiredness and fatigue
Lessened feelings of tension, anxiety, and pressure
Lessened feelings of self-consciousness and increased feeling of "I'm a pretty good person, after all"
Social relations may seem less difficult, more honest, healthy and open
Release of inhibitions
Any of these is correct.

33. False. Simple drunkenness refers to intoxication which occurs occasionally or unpredictably, but not as part of any regular pattern, and without pathological side-effects.

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34. False. Chronic and patterned drunkenness not only affects the drinker but also those around him or her. Spouse and family problems are likely to occur. Excessive drinking may affect an individual's job performance. Even the general public may be affected because, for example, drunkenness leads to a much higher risk of accidents, particularly auto accidents.

35. Hangover; intoxication; malnutrition; hepatitis; cirrhosis; polyneuropathy. Any of these is correct.

36. Any of these.

Glossary of Terms

Alcohol Countermeasures:	Programs designed to deter the drunk driver.
BAC:	Blood alcohol concentration; amount of alcohol in the blood stream expressed as a percent. In most States, 0.10 percent (one-tenth of one percent) BAC or higher is under the influence of intoxicating liquor. Also referred to as blood alcohol content, blood alcohol level (BAL) or breath alcohol content.
Blood Alcohol Test:	Any chemical test of breath, blood, urine, or other bodily substance used to determine the concentration of alcohol in the blood.
Breath Testing Device:	An instrument which scientifically measures the amount of alcohol in the bloodstream by chemical analysis of the breath.
"Dram Shop" Laws:	Laws which state that those who dispense alcoholic beverages to intoxicated individuals may be held liable for subsequent injuries caused by such individuals.
DUI:	Driving under the influence or while intoxicated; operating or being in physical control of a vehicle while under the influence of intoxicating liquor.
Field Sobriety Test:	A roadside test used by police to help determine if a suspect is drunk. May include walking a straight line, touching fingers to the nose with the eyes closed, reciting the alphabet, etc.
Implied Consent Law:	A law in all States which stipulates that any person who operates a motor vehicle on the highways is presumed to have consented to be chemically tested for alcohol upon request by police, or risk license suspension.
PBT:	Preliminary breath tests: a roadside test by police using a portable breath-alcohol tester to measure a suspect's intoxication level. Results of this test may be used to establish probable cause for arrest.
Plea Bargaining:	The process by which a prosecutor and a defense attorney agree to reduce a given charge to an offense with lesser penalties in exchange for a guilty plea to the lesser offense by the defendant; for example, reducing a drunk driving charge to one of reckless driving.
Presumptive Laws:	Laws which state that if a specified level of alcohol is present in a driver's blood, the driver is presumed to have been driving under the influence or intoxicated. However, because the presumption is rebuttable, other evidence can be introduced by the defendant to disprove the allegation.
Illegal Per Se Laws:	Laws which make it an offense to operate a motor vehicle with a specified amount of alcohol in the blood. In States having such laws the specified amount of BAC is 0.10 percent. Rebuttable evidence is not considered relevant, except that the test was improperly administered.
Administrative Per Se Laws:	Laws which state that if a driver's blood alcohol concentration is in excess of a specific level (typically 0.10 percent), the State driver licensing agency may suspend the driver's license via administrative action which is independent of any court action related to a DUI charge.
Screening/Evaluation	A court-directed procedure used to determine a driver's level of involvement with alcohol for purposes of referral to education or treatment programs as appropriate.

Source : Presidential Commission on Drunk Driving, Final Report, Nov., 1983.

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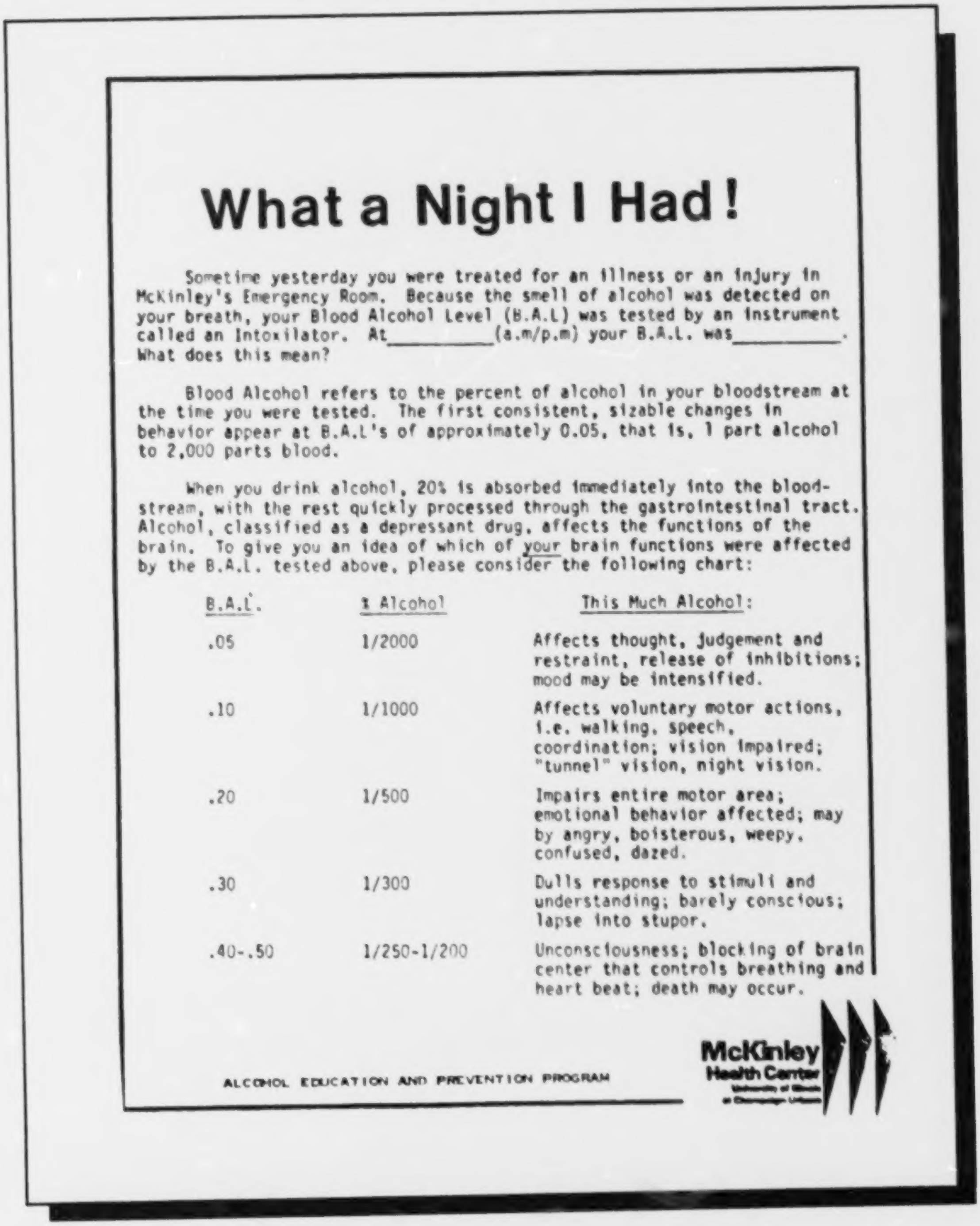

What a Night I Had!

Sometime yesterday you were treated for an illness or an injury in McKinley's Emergency Room. Because the smell of alcohol was detected on your breath, your Blood Alcohol Level (B.A.L) was tested by an instrument called an Intoxilator. At__________(a.m/p.m) your B.A.L. was__________. What does this mean?

Blood Alcohol refers to the percent of alcohol in your bloodstream at the time you were tested. The first consistent, sizable changes in behavior appear at B.A.L's of approximately 0.05, that is, 1 part alcohol to 2,000 parts blood.

When you drink alcohol, 20% is absorbed immediately into the bloodstream, with the rest quickly processed through the gastrointestinal tract. Alcohol, classified as a depressant drug, affects the functions of the brain. To give you an idea of which of your brain functions were affected by the B.A.L. tested above, please consider the following chart:

B.A.L.	% Alcohol	This Much Alcohol:
.05	1/2000	Affects thought, judgement and restraint, release of inhibitions; mood may be intensified.
.10	1/1000	Affects voluntary motor actions, i.e. walking, speech, coordination; vision impaired; "tunnel" vision, night vision.
.20	1/500	Impairs entire motor area; emotional behavior affected; may by angry, boisterous, weepy, confused, dazed.
.30	1/300	Dulls response to stimuli and understanding; barely conscious; lapse into stupor.
.40-.50	1/250-1/200	Unconsciousness; blocking of brain center that controls breathing and heart beat; death may occur.

ALCOHOL EDUCATION AND PREVENTION PROGRAM

McKinley
Health Center

SOME COMMONLY USED/ABUSED DRUGS AND THEIR EFFECTS

	DRUG	PRESCRIPTION BRAND NAMES	DEPENDENCE	POTENTIAL	POSSIBLE EFFECTS	EFFECTS OF LONG USE	EFFECTS OF OVERDOSE
			PHYSICAL	PSYCHO-LOGICAL			
NARCOTICS	Opium	Dover's Powder, Paregoric	High	High	Euphoria, Drowsiness, Respiratory Depression, Constricted Pupils, Nausea	Addiction, Constipation, Loss of Appetite	Slow and Shallow Breathing, Clammy Skin, Convulsions, Coma, Possible Death
	Morphine	Morphine	High	High			
	Codeine	Codeine	High	High			
	Heroin		High	High			
	Meperidine	Demerol, Pethadol	High	High			
	Methadone	Dolophine, Methadone, Methadose	High	High			
	Other	Dilaudid, Leritine, Numorphan, Percodan	High	High			
DEPRESSANTS	Chloral Hydrate	Noctec, Somnos	Moderate	Moderate	Slurred Speech, Disorientation, Drunken Behavior Without Odor of Alcohol	Addiction, with Severe Withdrawal Symptoms, Toxic Psychosis	Shallow Respiration, Cold and Clammy Skin, Dilated Pupils, Weak and Rapid Pulse, Coma, Possible Death
	Barbiturates	Amytal, Butisol, Nembutal, Phenobarbital, Seconal, Tuinal	High	High			
	Glutethimide	Doriden	High	High			
	Methaqualone	Optimil, Parest, Sopor, Quaalude, Somnafac	High	High			
	Tranquilizers	Equanil, Librium, Miltown, Serax, Tranxene, Valium	Moderate	Moderate			
	Other	Clonopin, Dalmane, Dormate, Noludar, Placydil, Valmid	Possible	Possible			
	Alcohol	Beer/Wine/Liquor	High	High	Slurred Speech, Impaired Vision, Hearing Loss of Motor Skills, Delirium Tremens	Cirrhosis, Toxic Psychosis, Neurologic Damage, Addiction with Severe Withdrawal	Coma, Possible Death
STIMULANTS	Cocaine	Cocaine	Possible	High	Increased Alertness, Excitation, Euphoria, Dilated Pupils, Increased Pulse Rate and Blood Pressure, Insomnia, Loss of Appetite	Delusions, Hallucinations, Toxic Psychosis, Possible Organic Damage	Agitation, Increase in Body Temperature, Hallucinations, Convulsions, Possible Death
	Amphetamines	Benzedrine, Biphetamine, Desoxyn, Dexedrine	Possible	High			
	Phenmetrazine	Preludin	Possible	High			
	Methlyphenidate	Ritalin	Possible	High			
	Other	Bacarate, Cylert, Didrex, Ionamin, Plegine, Pondimin, Pre Sate, Sanorex, Voranil	Possible	Possible			
HALLUCINO-GENS	LSD	–	–	Degree Unknown	Dilated Pupils, Rambling Speech, Illusions and Hallucinations (with exception of MDA), Poor Perception of Time and Distance	LSD May Intensify Psychosis; May Cause Some Chromosome Breakdown	Longer, More Intense "Trip" Episodes, Psychosis, Possible Death
	Mescaline	–	–				
	Psilocybin-Psilocyn	–	–				
	MDA	–	–				
	PCP	Sernylan (Veterinary)	–				
INHALANTS	Aerosol Products	–	–	Degree Unknown	Slurred Speech, Poor Coordination, Impared Judgement, Drunken Behavior	Hallucinations, Possible Damage to Bone Marrow, Lungs, Kidneys, Liver, Heart, Eyes, Brain	Unconsciousness, Coma, Possible Sudden Death
	Airplane Glue	–	–				
	Lighter Fluid	–	–				
	Paint Thinner	–	–				
	Polish Remover	–	–				
CANNABIS	Marijuana	–	Degree Unknown	Moderate	Euphoria, Relaxed Inhibitions, Increased Appetite, Reddened Eyes, Disoriented Behavior, Loss of Spatial and Temporal Perception	Fatigue, Memory Loss, Paranoia, Damage to Lungs, Immune and Hormone Systems, Possible Psychosis	Insomnia, Hyperactivity, and Decreased Appetite in Some Individuals
	Hashish	–					
	Hashish Oil	–					

FOR MORE INFORMATION, CONTACT THE USC ALCOHOL & DRUG EDUCATION PROGRAM- ROOM 108A, RUSSELL HOUSE, 777-6688

Submitted by the University of South Carolina

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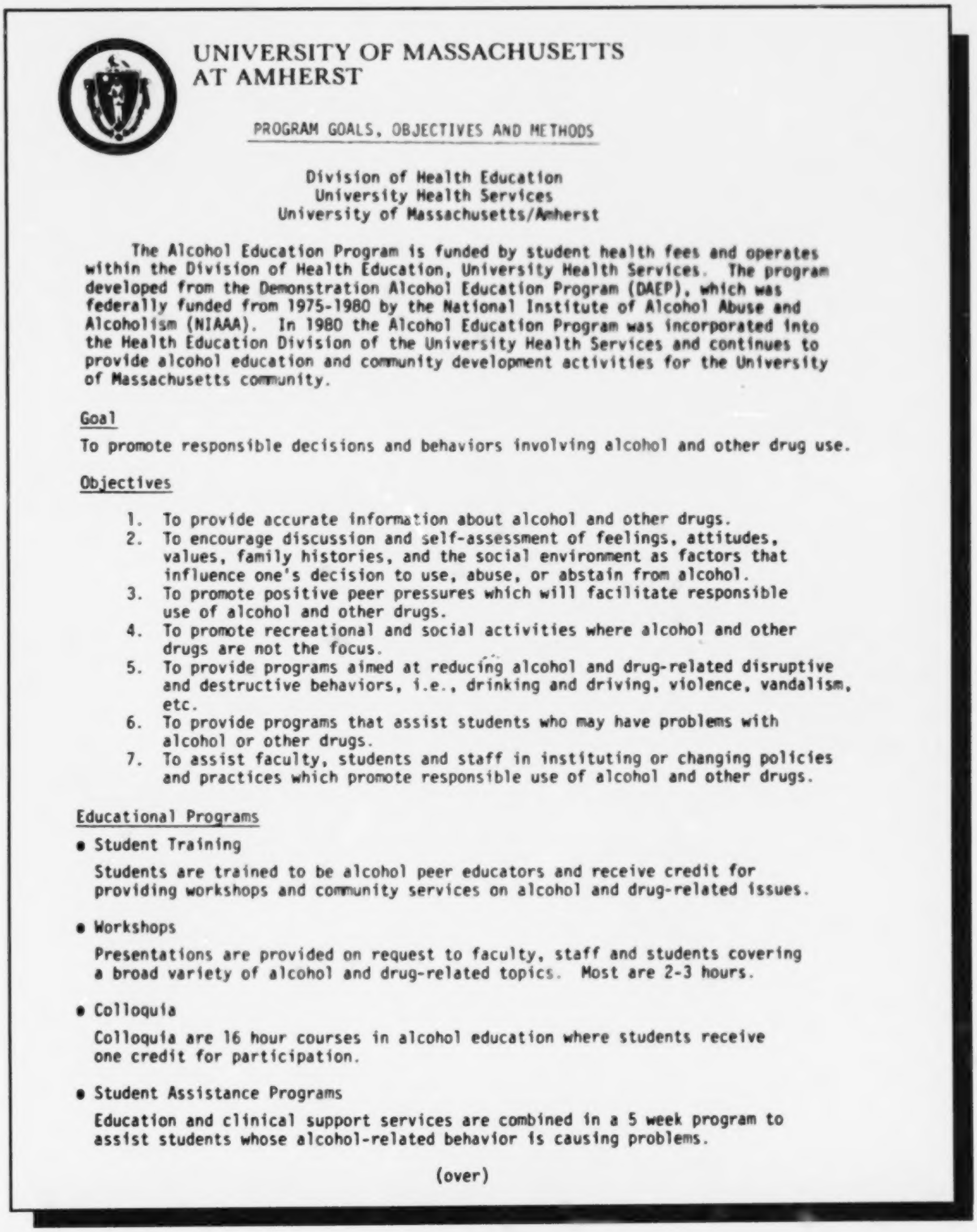
Notes

Index of Chapter 2 Resources

GETTING STARTED

	Pages	
I. **Program Goals, Objectives and Planning**	99–105	Includes: • Sample action plan • Sample program summary outlining groups involved in coordinating a program • Suggested objectives for initiating and sustaining a campus program • Sample program analysis worksheet to be used as a planning guide
II. **Funding and Staffing**	107–111	Includes: • Some fund-raising ideas • Possible sources of funding • Sample program coordinator position description • Sample student internship description



UNIVERSITY OF MASSACHUSETTS
AT AMHERST

PROGRAM GOALS, OBJECTIVES AND METHODS

Division of Health Education
University Health Services
University of Massachusetts/Amherst

The Alcohol Education Program is funded by student health fees and operates within the Division of Health Education, University Health Services. The program developed from the Demonstration Alcohol Education Program (DAEP), which was federally funded from 1975-1980 by the National Institute of Alcohol Abuse and Alcoholism (NIAAA). In 1980 the Alcohol Education Program was incorporated into the Health Education Division of the University Health Services and continues to provide alcohol education and community development activities for the University of Massachusetts community.

Goal

To promote responsible decisions and behaviors involving alcohol and other drug use.

Objectives

1. To provide accurate information about alcohol and other drugs.
2. To encourage discussion and self-assessment of feelings, attitudes, values, family histories, and the social environment as factors that influence one's decision to use, abuse, or abstain from alcohol.
3. To promote positive peer pressures which will facilitate responsible use of alcohol and other drugs.
4. To promote recreational and social activities where alcohol and other drugs are not the focus.
5. To provide programs aimed at reducing alcohol and drug-related disruptive and destructive behaviors, i.e., drinking and driving, violence, vandalism, etc.
6. To provide programs that assist students who may have problems with alcohol or other drugs.
7. To assist faculty, students and staff in instituting or changing policies and practices which promote responsible use of alcohol and other drugs.

Educational Programs

- Student Training

  Students are trained to be alcohol peer educators and receive credit for providing workshops and community services on alcohol and drug-related issues.

- Workshops

  Presentations are provided on request to faculty, staff and students covering a broad variety of alcohol and drug-related topics. Most are 2-3 hours.

- Colloquia

  Colloquia are 16 hour courses in alcohol education where students receive one credit for participation.

- Student Assistance Programs

  Education and clinical support services are combined in a 5 week program to assist students whose alcohol-related behavior is causing problems.

(over)

Media

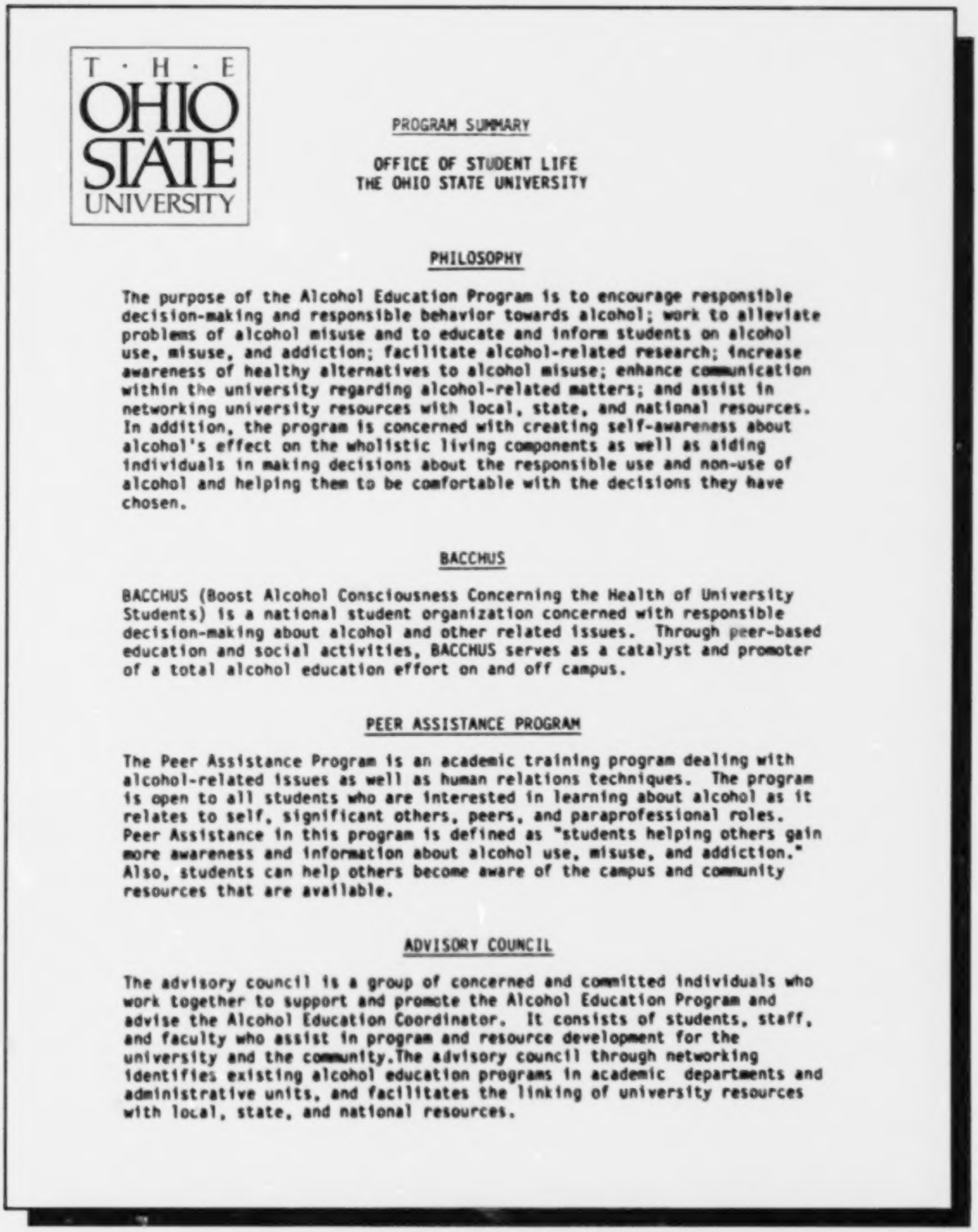
- Posters, pamphlets, display tables, newsletters, public service announcements, and radio programs cover information on alcohol and drug-related topics.

Community Development

- Projects are planned with other community groups such as the town and campus police departments (bartender training) or the school department (parent training).
- Participation on policy boards, task forces and committees is an on-going activity to address alcohol and drug-related issues.

Assistance and Referrals

- Referrals for alcohol or drug-related problems are made to appropriate treatment agencies.



T·H·E OHIO STATE UNIVERSITY

PROGRAM SUMMARY

OFFICE OF STUDENT LIFE
THE OHIO STATE UNIVERSITY

PHILOSOPHY

The purpose of the Alcohol Education Program is to encourage responsible decision-making and responsible behavior towards alcohol; work to alleviate problems of alcohol misuse and to educate and inform students on alcohol use, misuse, and addiction; facilitate alcohol-related research; increase awareness of healthy alternatives to alcohol misuse; enhance communication within the university regarding alcohol-related matters; and assist in networking university resources with local, state, and national resources. In addition, the program is concerned with creating self-awareness about alcohol's effect on the wholistic living components as well as aiding individuals in making decisions about the responsible use and non-use of alcohol and helping them to be comfortable with the decisions they have chosen.

BACCHUS

BACCHUS (Boost Alcohol Consciousness Concerning the Health of University Students) is a national student organization concerned with responsible decision-making about alcohol and other related issues. Through peer-based education and social activities, BACCHUS serves as a catalyst and promoter of a total alcohol education effort on and off campus.

PEER ASSISTANCE PROGRAM

The Peer Assistance Program is an academic training program dealing with alcohol-related issues as well as human relations techniques. The program is open to all students who are interested in learning about alcohol as it relates to self, significant others, peers, and paraprofessional roles. Peer Assistance in this program is defined as "students helping others gain more awareness and information about alcohol use, misuse, and addiction." Also, students can help others become aware of the campus and community resources that are available.

ADVISORY COUNCIL

The advisory council is a group of concerned and committed individuals who work together to support and promote the Alcohol Education Program and advise the Alcohol Education Coordinator. It consists of students, staff, and faculty who assist in program and resource development for the university and the community.The advisory council through networking identifies existing alcohol education programs in academic departments and administrative units, and facilitates the linking of university resources with local, state, and national resources.

SUGGESTED OBJECTIVES FOR INITIATING A CAMPUS PROGRAM

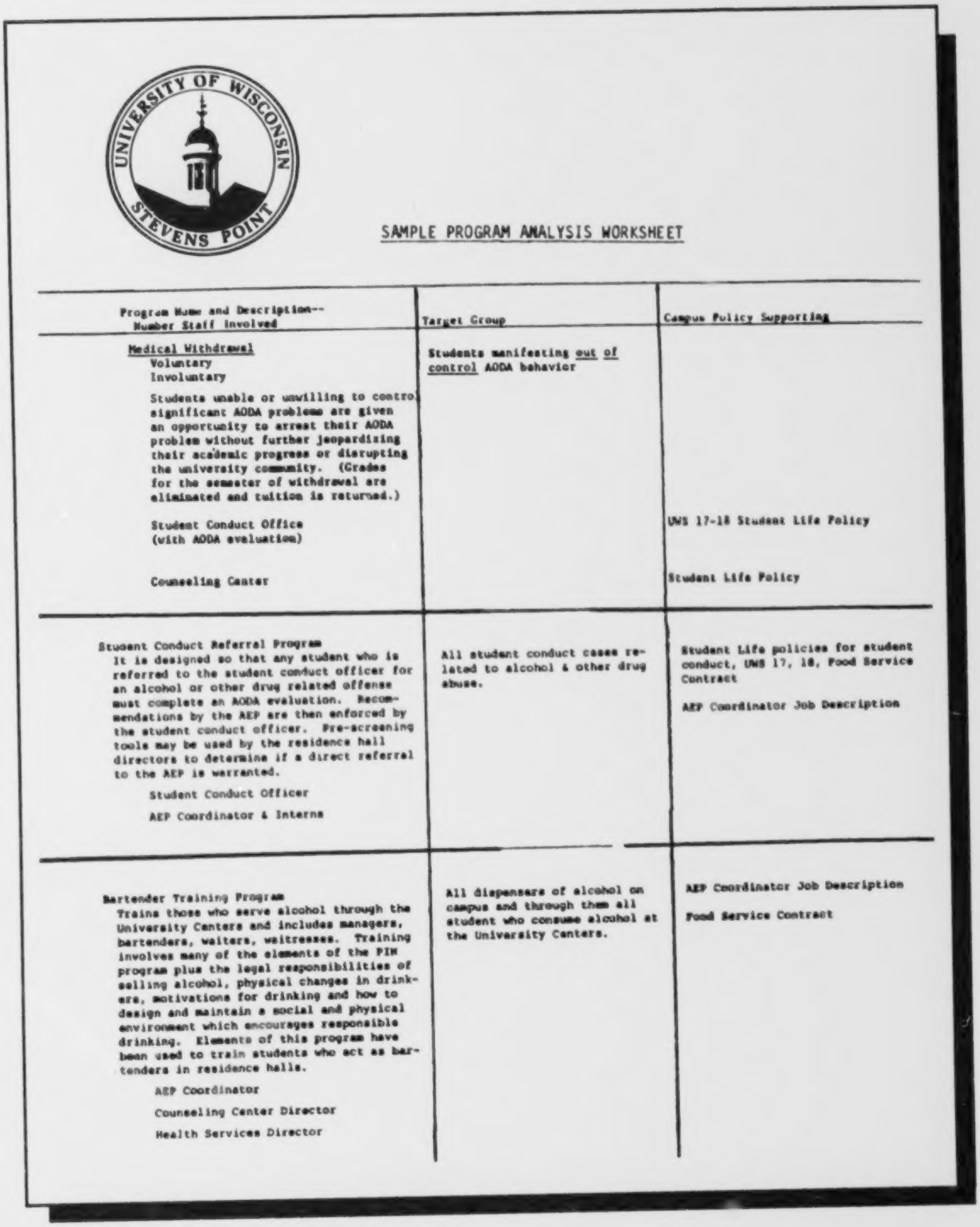
1. Develop an audio-visual information show.
2. Include alcohol, other drug and traffic safety information in Student Health Brochure Series or Parking Information.
3. Schedule an informational exhibit throughout campus.
4. Offer credit courses in appropriate academic departments.
5. Establish a Campus Resource Center with printed materials and other resources; inform faculty of this resource.
6. Respond to faculty requests to participate in their courses.
7. Offer a symposium for student leaders and their general student body.
8. Organize and involve students of BACCHUS, Campus Challenge or other related campus organizations projects or programs.
9. Develop public information ads for the campus newspaper.
10. Ask athletes to make statements regarding alcohol and traffic safety and to develop these into PSA and media statements.
11. Provide the campus newspaper with articles on alcohol, other drugs and traffic safety.
12. Provide the campus newspaper with articles on alcohol, other drugs and traffic safety.
13. Identify interested individuals in sororities and fraternities and encourage them to initiate discussions in their chapter houses.
14. Involve practicum or intern students from other departments in activities.

Modified by the editors from a presentation by Dr. Tom Goodale at the Institute of Alcohol Studies in August, 1980.

SUGGESTED OBJECTIVES FOR SUSTAINING A CAMPUS PROGRAM

1. Give audio-visual presentation to group of students and lead discussion of the content.
2. Form discussion groups on alcohol, drug and traffic safety policies in Greek chapter houses and residence halls.
3. Continue to use informational exhibits on the campus.
4. Continue to contact interested faculty to offer courses.
5. Continue to work with faculty to present information or lead discussions in their courses.
6. Continue media campaign in the campus newspaper through weekly ads.
7. Offer a symposium for targeted student groups (e.g., Greek students, residence hall students, etc.).
8. Sponsor a campus-wide poster contest and/or essay contest and offer $100 in prizes.
9. Train students as (a) discussion leaders for alcohol, other drugs and traffic safety seminars and (b) leaders on other drug/alcohol and traffic safety information projects.
10. Contact local media to promote campus activities in their programming.
11. Offer an in-service education workshop for both student affairs and health affairs staff. Topics may include BAC, seat belt use, drug testing.
12. Participate in orientation programs and other student services programs.
13. Continue research with students on their knowledge, attitudes and behavior, and present a final report on the findings.

Modified by the editors from Proposed Objectives for Winter and Spring Quarters presented by Dr. Tom Goodale at the Institute of Alcohol Studies in August, 1980.



SAMPLE PROGRAM ANALYSIS WORKSHEET

Program Name and Description-- Number Staff Involved	Target Group	Campus Policy Supporting
Medical Withdrawal Voluntary Involuntary Students unable or unwilling to control significant AODA problems are given an opportunity to arrest their AODA problem without further jeopardizing their academic progress or disrupting the university community. (Grades for the semester of withdrawal are eliminated and tuition is returned.)	Students manifesting out of control AODA behavior	
Student Conduct Office (with AODA evaluation)		UWS 17-18 Student Life Policy
Counseling Center		Student Life Policy
Student Conduct Referral Program It is designed so that any student who is referred to the student conduct officer for an alcohol or other drug related offense must complete an AODA evaluation. Recommendations by the AEP are then enforced by the student conduct officer. Pre-screening tools may be used by the residence hall directors to determine if a direct referral to the AEP is warranted. Student Conduct Officer AEP Coordinator & Interns	All student conduct cases related to alcohol & other drug abuse.	Student Life policies for student conduct, UWS 17, 18, Food Service Contract AEP Coordinator Job Description
Bartender Training Program Trains those who serve alcohol through the University Centers and includes managers, bartenders, waiters, waitresses. Training involves many of the elements of the PIM program plus the legal responsibilities of selling alcohol, physical changes in drinkers, motivations for drinking and how to design and maintain a social and physical environment which encourages responsible drinking. Elements of this program have been used to train students who act as bartenders in residence halls. AEP Coordinator Counseling Center Director Health Services Director	All dispensers of alcohol on campus and through them all student who consume alcohol at the University Centers.	AEP Coordinator Job Description Food Service Contract

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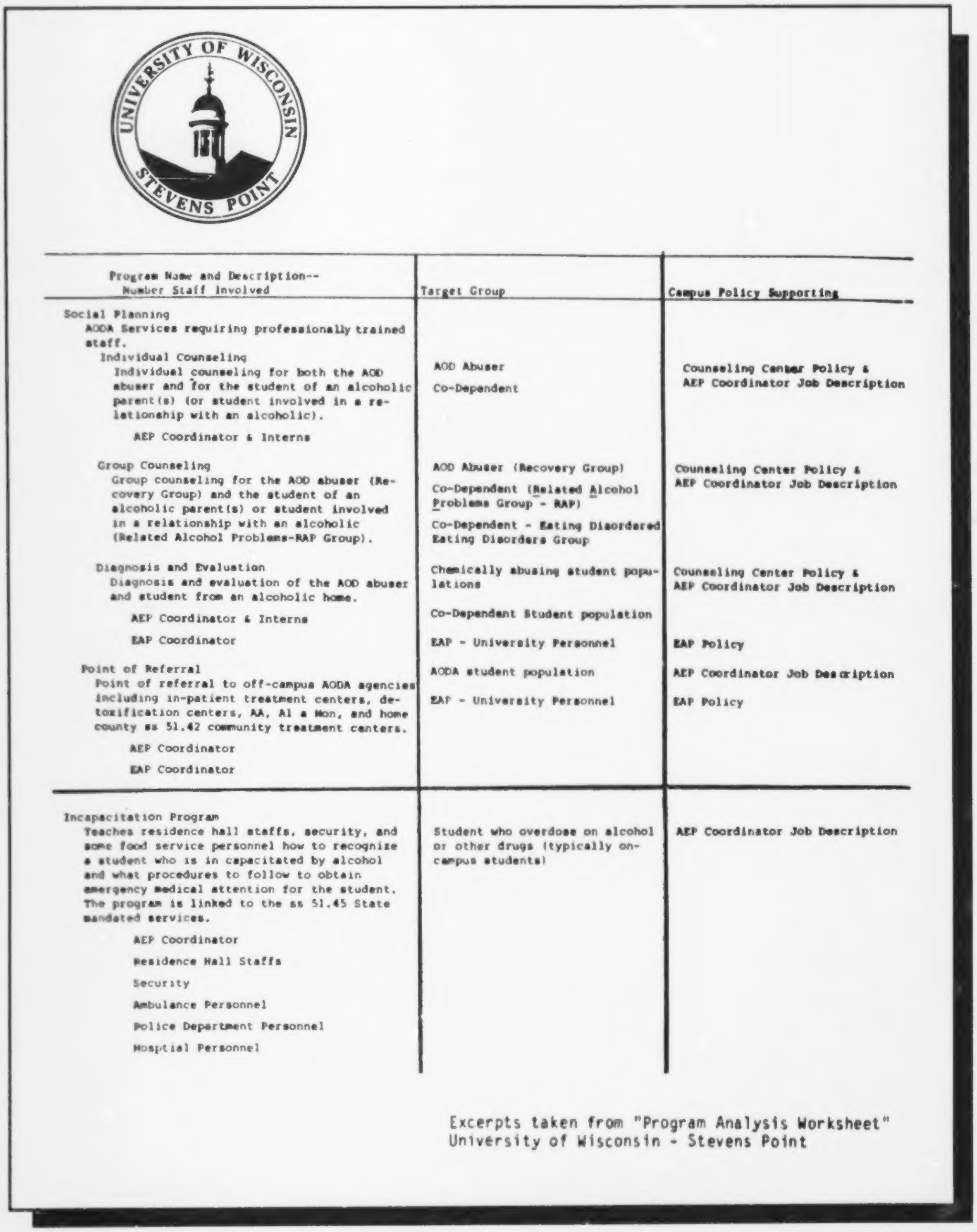

Program Name and Description-- Number Staff Involved	Target Group	Campus Policy Supporting
Social Planning AODA Services requiring professionally trained staff. Individual Counseling Individual counseling for both the AOD abuser and for the student of an alcoholic parent(s) (or student involved in a relationship with an alcoholic). AEP Coordinator & Interns	AOD Abuser Co-Dependent	Counseling Center Policy & AEP Coordinator Job Description
Group Counseling Group counseling for the AOD abuser (Recovery Group) and the student of an alcoholic parent(s) or student involved in a relationship with an alcoholic (Related Alcohol Problems-RAP Group).	AOD Abuser (Recovery Group) Co-Dependent (Related Alcohol Problems Group - RAP) Co-Dependent - Eating Disordered Eating Disorders Group	Counseling Center Policy & AEP Coordinator Job Description
Diagnosis and Evaluation Diagnosis and evaluation of the AOD abuser and student from an alcoholic home.	Chemically abusing student populations	Counseling Center Policy & AEP Coordinator Job Description
AEP Coordinator & Interns	Co-Dependent Student population	
EAP Coordinator	EAP - University Personnel	EAP Policy
Point of Referral Point of referral to off-campus AODA agencies including in-patient treatment centers, detoxification centers, AA, Al a Non, and home county ss 51.42 community treatment centers.	AODA student population EAP - University Personnel	AEP Coordinator Job Description EAP Policy
AEP Coordinator EAP Coordinator		
Incapacitation Program Teaches residence hall staffs, security, and some food service personnel how to recognize a student who is in capacitated by alcohol and what procedures to follow to obtain emergency medical attention for the student. The program is linked to the ss 51.45 State mandated services. AEP Coordinator Residence Hall Staffs Security Ambulance Personnel Police Department Personnel Hosptial Personnel	Student who overdose on alcohol or other drugs (typically on-campus students)	AEP Coordinator Job Description

Excerpts taken from "Program Analysis Worksheet"
University of Wisconsin - Stevens Point

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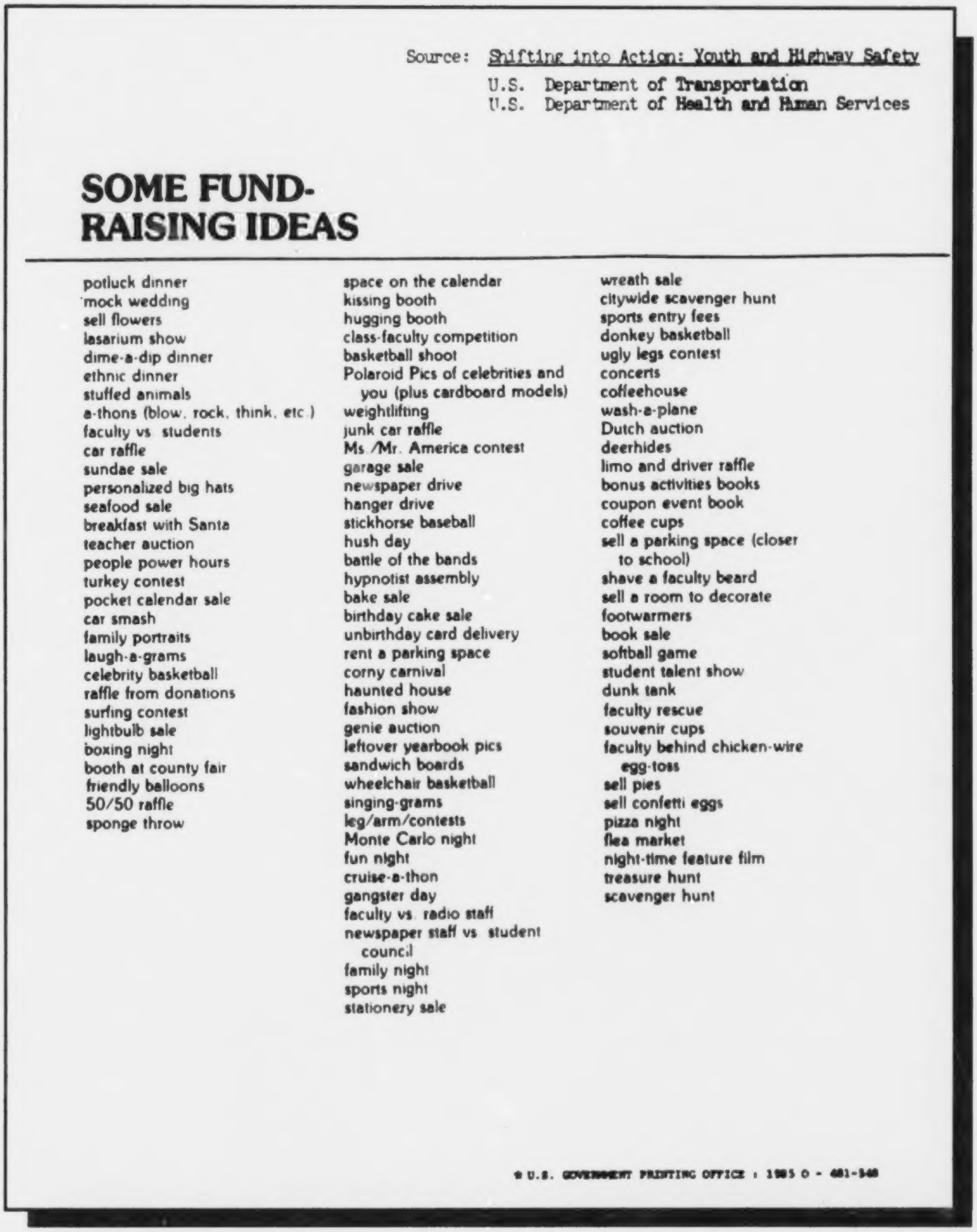

Source: Shifting into Action: Youth and Highway Safety
U.S. Department of Transportation
U.S. Department of Health and Human Services

SOME FUND-RAISING IDEAS

- potluck dinner
- mock wedding
- sell flowers
- lasarium show
- dime-a-dip dinner
- ethnic dinner
- stuffed animals
- a-thons (blow, rock, think, etc.)
- faculty vs. students
- car raffle
- sundae sale
- personalized big hats
- seafood sale
- breakfast with Santa
- teacher auction
- people power hours
- turkey contest
- pocket calendar sale
- car smash
- family portraits
- laugh-a-grams
- celebrity basketball
- raffle from donations
- surfing contest
- lightbulb sale
- boxing night
- booth at county fair
- friendly balloons
- 50/50 raffle
- sponge throw
- space on the calendar
- kissing booth
- hugging booth
- class-faculty competition
- basketball shoot
- Polaroid Pics of celebrities and you (plus cardboard models)
- weightlifting
- junk car raffle
- Ms./Mr. America contest
- garage sale
- newspaper drive
- hanger drive
- stickhorse baseball
- hush day
- battle of the bands
- hypnotist assembly
- bake sale
- birthday cake sale
- unbirthday card delivery
- rent a parking space
- corny carnival
- haunted house
- fashion show
- genie auction
- leftover yearbook pics
- sandwich boards
- wheelchair basketball
- singing-grams
- leg/arm/contests
- Monte Carlo night
- fun night
- cruise-a-thon
- gangster day
- faculty vs. radio staff
- newspaper staff vs. student council
- family night
- sports night
- stationery sale
- wreath sale
- citywide scavenger hunt
- sports entry fees
- donkey basketball
- ugly legs contest
- concerts
- coffeehouse
- wash-a-plane
- Dutch auction
- deerhides
- limo and driver raffle
- bonus activities books
- coupon event book
- coffee cups
- sell a parking space (closer to school)
- shave a faculty beard
- sell a room to decorate
- footwarmers
- book sale
- softball game
- student talent show
- dunk tank
- faculty rescue
- souvenir cups
- faculty behind chicken-wire egg-toss
- sell pies
- sell confetti eggs
- pizza night
- flea market
- night-time feature film
- treasure hunt
- scavenger hunt

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POSSIBLE SOURCES OF FUNDING

College Funds - either money or services

Law Enforcement Agencies

Voluntary Agencies - United Way
Alcohol Council

Student Government and Student Organizations

Private Business - Advertising, Speakers, Donations, Door Prizes, Coupons

Vending during programs

Doctors and Lawyers

Media - Air Time, Space, Editorials, Features, Public Service Announcements, Advertising Councils, Billboards

Service Clubs - Lions, Kiwanis, Jaycees

Designated Funds Given to College (Development Office, Alumni, Board of Trustees, Parents Organization, Academic Departments)

Student Groups - Fundraising, Contributions, Time

Health Service Personnel - Time, Films, Slides, Booths

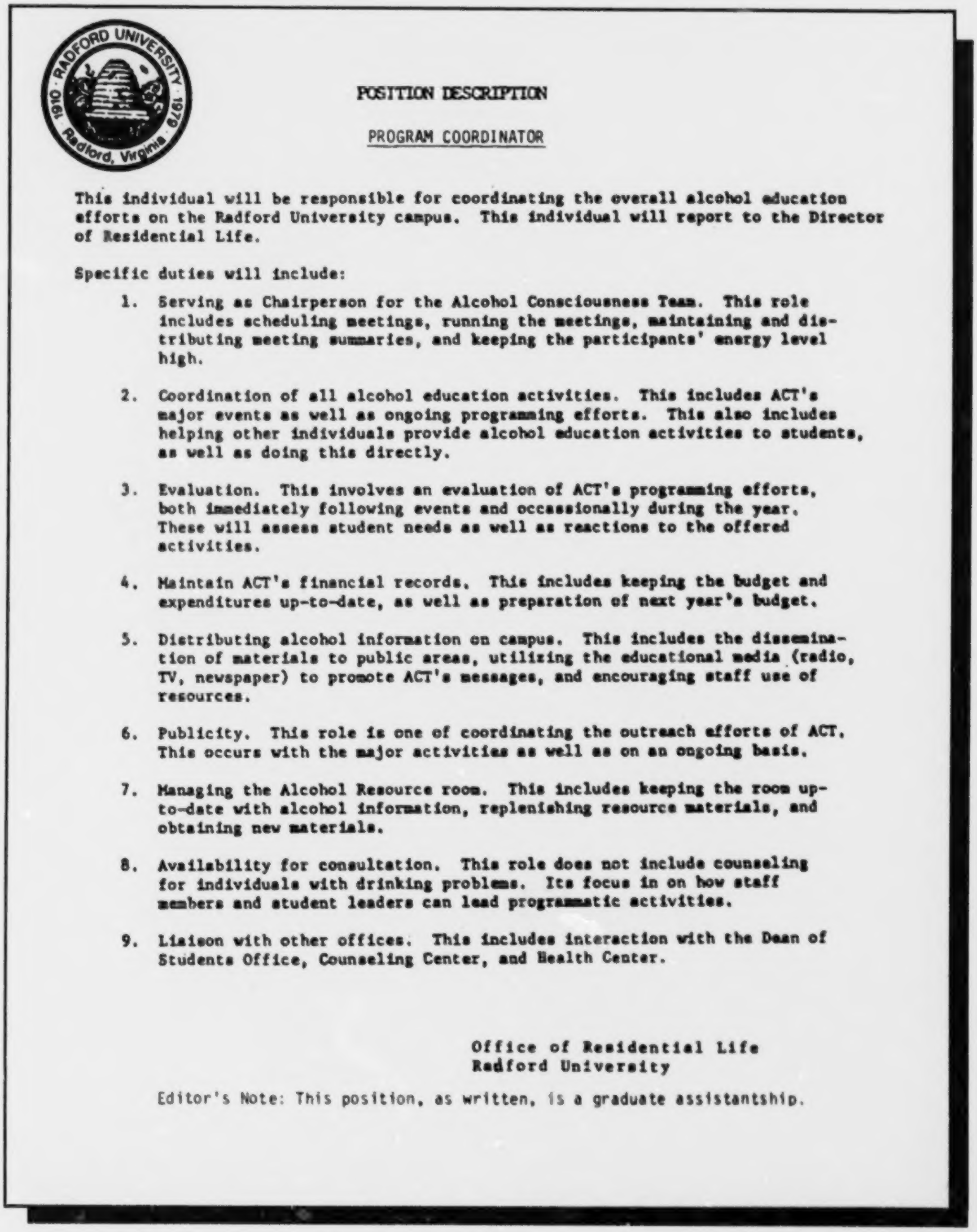
Library - Film Budget, Inter-Library Loan

Private Foundation Money

Grants (Proposal Writing)

Churches

State and Local Governments



POSITION DESCRIPTION

PROGRAM COORDINATOR

This individual will be responsible for coordinating the overall alcohol education efforts on the Radford University campus. This individual will report to the Director of Residential Life.

Specific duties will include:

1. Serving as Chairperson for the Alcohol Consciousness Team. This role includes scheduling meetings, running the meetings, maintaining and distributing meeting summaries, and keeping the participants' energy level high.
2. Coordination of all alcohol education activities. This includes ACT's major events as well as ongoing programming efforts. This also includes helping other individuals provide alcohol education activities to students, as well as doing this directly.
3. Evaluation. This involves an evaluation of ACT's programming efforts, both immediately following events and occassionally during the year. These will assess student needs as well as reactions to the offered activities.
4. Maintain ACT's financial records. This includes keeping the budget and expenditures up-to-date, as well as preparation of next year's budget.
5. Distributing alcohol information on campus. This includes the dissemination of materials to public areas, utilizing the educational media (radio, TV, newspaper) to promote ACT's messages, and encouraging staff use of resources.
6. Publicity. This role is one of coordinating the outreach efforts of ACT. This occurs with the major activities as well as on an ongoing basis.
7. Managing the Alcohol Resource room. This includes keeping the room up-to-date with alcohol information, replenishing resource materials, and obtaining new materials.
8. Availability for consultation. This role does not include counseling for individuals with drinking problems. Its focus in on how staff members and student leaders can lead programmatic activities.
9. Liaison with other offices. This includes interaction with the Dean of Students Office, Counseling Center, and Health Center.

Office of Residential Life
Radford University

Editor's Note: This position, as written, is a graduate assistantship.

Internship on Peer Education in Alcohol

The PEACH program (Peer Education in Alcohol for Credit Hours) is an outgrowth of the BACCHUS Speakers Corps, and has existed at UK since the fall of 1983. The Human Relations Center is, currently, the administrative unit for BACCHUS. The alcohol education effort and BACCHUS will be "absorbed" by the new Health Education Program at UK, beginning spring, 1986, becoming one health issue out of numerous ones to be addressed on campus. It is timely, therefore, for the peer alcohol education program to be developed into an integrated campus entity, rather than just an arm of BACCHUS.

The intern selected for this program will be working with a part-time paraprofessional, as well as the health education coordinator. We hope to find a creative, self-motivated student with a genuine interest in peer alcohol education to fulfill this internship.

DESCRIPTION: Assisted by and under supervision of the Human Relations Center/Health Education Program, duties of the intern will include, but not necessarily be limited to:

- Continued development, publicizing, facilitation and evaluation of existing presentation on alcohol, including: peer pressure to drink; dealing with friends, roommates or family members with an alcohol problem; drinking and driving issues; responsible partying and liability; and psychophysiological results of drinking.
- Coordinate training for Speakers Corps members by providing (not necessarily directly) instructive workshops on basic public speaking skills, giving an alcohol education workshop to members, and developing a simple instrument to evaluate student presentations.
- Promote/market BACCHUS on the UK campus through written and verbal publicity.
- Solicit groups to program an alcohol education presentation at their meetings, special events, etc.
- Help develop and administer, if time permits, a simple survey to assess students' needs for alcohol education.

An interview will be held with each interested student, since not everyone will be automatically accepted. The volumn of work involved in this program is such that more than one intern may be accepted, depending on qualifications. Amount and type of credit should be arranged through the academic department or college, and/or the Office of Experiential Education.

CONTACT:
Mary Brinkman
Human Relations Center
210 Bradley Hall
CAMPUS 00585
257-6597

University of Kentucky

Notes

Index of Chapter 3 Resources

EVALUATION AND ASSESSMENT

	Pages	
I. Survey and Assessment Instruments	115–130	Includes: • Explanation from the editors • Survey information required for baseline data in campus alcohol evaluation • Sample formats for determining students' knowledge, attitudes, etc., concerning alcohol and other drug use • Sample wellness self-assessment form
II. Program Evaluations	131–139	Includes: • Sample evaluation forms for participants attending workshops or seminars • Sample evaluation form for planner's own evaluation of events

AN EXPLANATION FROM THE EDITORS

In the pages that follow, a variety of evaluation instruments are presented. The first summarize the types of data to collect. The next six instruments provides some ways of gathering baseline and ongoing information; the next three suggest ways of evaluating specific workshops or programs.

The baseline evaluation tool used needs to be tailored to your campus' unique needs, backgrounds, philosophy, and environment. The instruments included suggest some of the topics which may be considered for inclusion, as well as some format issues. Should you desire to compare specific individuals (e.g., in a pre-test and post-test design), and to maintain confidentiality, consider a format similar to that found with the cover sheet used by Washington State University. Other specific items will indicate to you which topics may need to be addressed on your campus (i.e., when the knowledge level of a specific topic is low, or attitudes by a specific group are of major concern).

You may wish to contact one of the following for assistance in needs assessment and evaluation.

- Campus Office of Institutional Research, or
- Faculty in Social and Behavioral Science, Research and Evaluation or Statistics and Methodology Departments.

SURVEY INFORMATION REQUIRED FOR BASELINE DATA IN CAMPUS ALCOHOL EDUCATION PROGRAMS

BASELINE INFORMATION IS NEEDED TO ASCERTAIN PROBABLE ALCOHOL RELATED PROBLEMS ON YOUR CAMPUS AND TO GIVE YOU AN IDEA AS TO THE EFFECTIVENESS OF YOUR ALCOHOL PROGRAM/POLICY CHANGES. DIRECT BASELINE DATA AS TO THE NUMBERS OF INDIVIDUALS INVOLVED WITH VARIOUS ALCOHOL PROBLEMS CAN BE COMPARED OVER TIME TO ASCERTAIN A CHANGE. THIS INVOLVES DIRECT MEASUREMENTS OF PEOPLE INVOLVED WITH DIFFERENT PROBLEMS. INDIRECT DATA INVOLVES SURVEYS OF STUDENTS OR FACULTY/ADMINISTRATION AS TO THEIR SELF REPORTS AS TO THE EXTENT OF THEIR DRINKING PATTERNS OR PROBLEMS OR TO PERCEIVED PROBLEMS ON CAMPUS. THE MOST PREVALENT TYPE OF BASELINE DATA TENDS TO BE INDIRECT AS IT IS THE EASIEST TO OBTAIN. ALSO THERE ARE NUMEROUS STUDIES, SUCH AS THOSE USING THE STUDENT ALCOHOL QUESTIONNAIRE IN WHICH THE CAMPUS CAN COMPARE THEIR LOCAL CONDITIONS WITH NATIONAL DATA TO DETERMINE WHERE THEY STAND IN COMPARISON TO NATIONAL STATISTICS.

DIRECT - BEHAVIORS WHICH ARE ALCOHOL RELATED

NUMBER OF DWI IN COUNTY OR CAMPUS FROM ALL LAW ENFORCEMENT AGENCIES

NUMBER OF FIGHTS IN COUNTY OR CAMPUS FROM LAW ENFORCEMENT AGENCIES

NUMBER OF HOSPITAL ADMISSIONS DUE TO DRINKING ON CAMPUS AND IN COMMUNITY

NUMBER OF ADMINISTRATIVE REFERRALS TO STUDENT SERVICE OFFICE

NUMBER OF REFERRAL TO HEALTH AND COUNSELING CENTERS

NUMBER OF ALCOHOL RELATED ARRESTS (IE NOISE IN THE DORM OR DISTURBANCE OF PEACE FROM PARTIES) OR COMPLAINTS

NUMBER OF STUDENTS REFERRED TO BOTH CAMPUS AND ON CAMPUS TREATMENT CENTERS

NUMBER OF ALCOHOL RELATED MOTOR VEHICLE AND OTHER ACCIDENTS

INDIRECT - SELF REPORT SURVEYS

SURVEY OF STUDENT POPULATION AS TO THEIR DRINKING ATTITUDES, KNOWLEDGE AND BEHAVIOR

SURVEY OF ADMINISTRATION AS TO THEIR PERCEIVED IDEA OF CAMPUS DRINKING PATTERNS AND POLICIES

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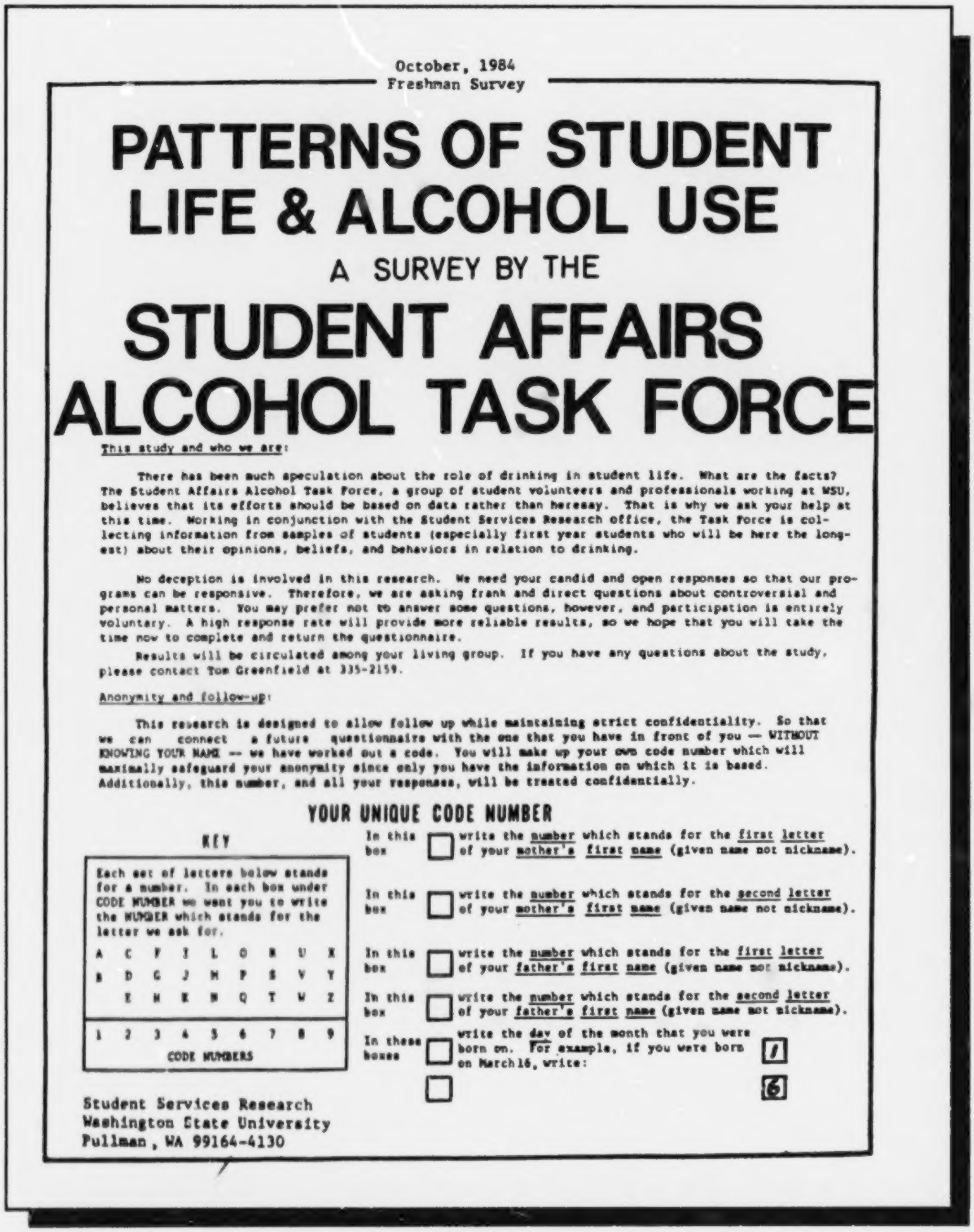

October, 1984
Freshman Survey

PATTERNS OF STUDENT LIFE & ALCOHOL USE

A SURVEY BY THE

STUDENT AFFAIRS ALCOHOL TASK FORCE

This study and who we are:

There has been much speculation about the role of drinking in student life. What are the facts? The Student Affairs Alcohol Task Force, a group of student volunteers and professionals working at WSU, believes that its efforts should be based on data rather than heresay. That is why we ask your help at this time. Working in conjunction with the Student Services Research office, the Task Force is collecting information from samples of students (especially first year students who will be here the longest) about their opinions, beliefs, and behaviors in relation to drinking.

No deception is involved in this research. We need your candid and open responses so that our programs can be responsive. Therefore, we are asking frank and direct questions about controversial and personal matters. You may prefer not to answer some questions, however, and participation is entirely voluntary. A high response rate will provide more reliable results, so we hope that you will take the time now to complete and return the questionnaire.

Results will be circulated among your living group. If you have any questions about the study, please contact Tom Greenfield at 335-2159.

Anonymity and follow-up:

This research is designed to allow follow up while maintaining strict confidentiality. So that we can connect a future questionnaire with the one that you have in front of you — WITHOUT KNOWING YOUR NAME -- we have worked out a code. You will make up your own code number which will maximally safeguard your anonymity since only you have the information on which it is based. Additionally, this number, and all your responses, will be treated confidentially.

YOUR UNIQUE CODE NUMBER

KEY

Each set of letters below stands for a number. In each box under CODE NUMBER we want you to write the NUMBER which stands for the letter we ask for.

A	C	F	I	L	O	R	U	X
B	D	G	J	M	P	S	V	Y
	E	H	K	N	Q	T	W	Z
1	2	3	4	5	6	7	8	9

CODE NUMBERS

In this box ☐ write the number which stands for the first letter of your mother's first name (given name not nickname).

In this box ☐ write the number which stands for the second letter of your mother's first name (given name not nickname).

In this box ☐ write the number which stands for the first letter of your father's first name (given name not nickname).

In this box ☐ write the number which stands for the second letter of your father's first name (given name not nickname).

In these boxes ☐ ☐ write the day of the month that you were born on. For example, if you were born on March 16, write: 1 6

Student Services Research
Washington State University
Pullman, WA 99164-4130

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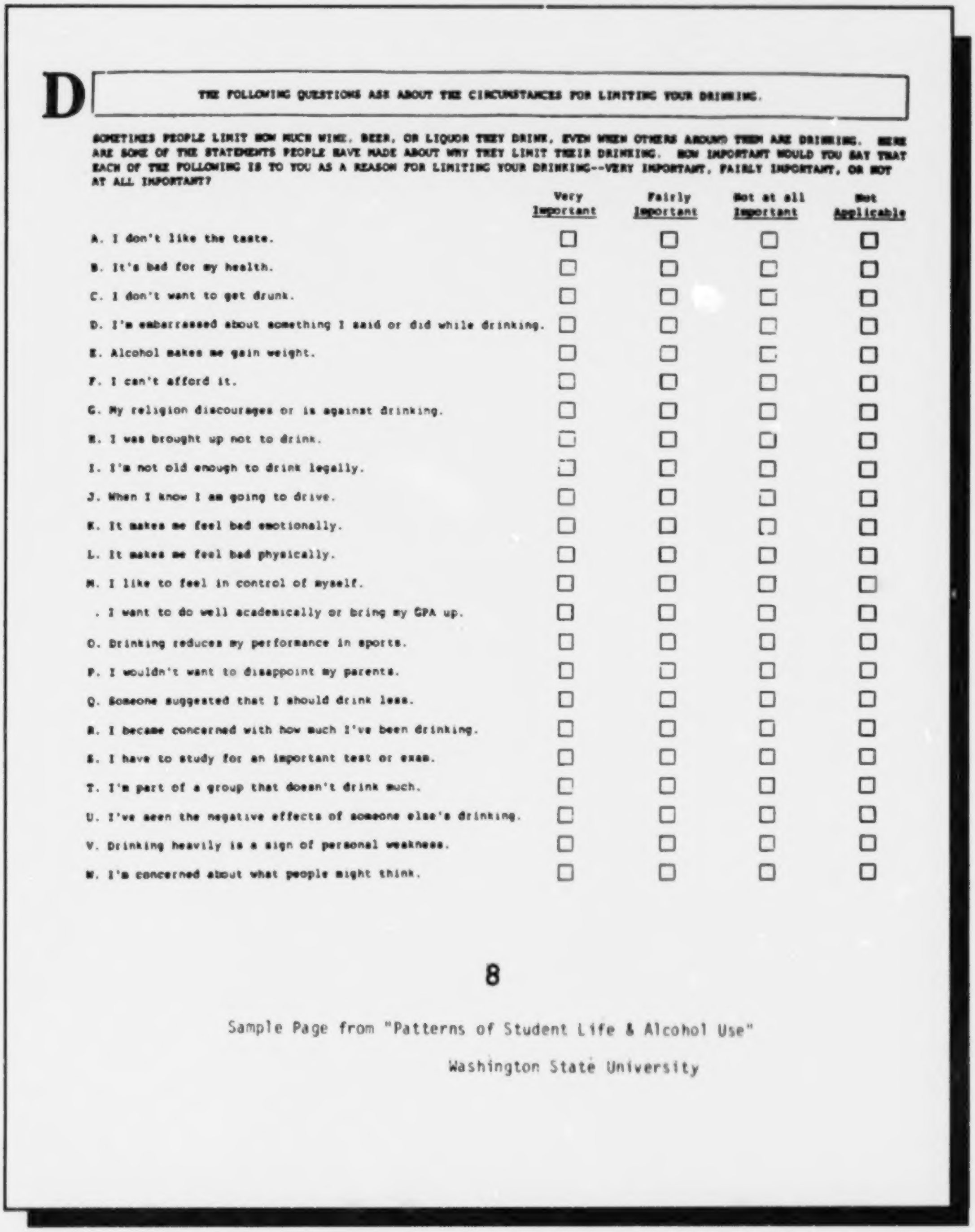

D THE FOLLOWING QUESTIONS ASK ABOUT THE CIRCUMSTANCES FOR LIMITING YOUR DRINKING.

SOMETIMES PEOPLE LIMIT HOW MUCH WINE, BEER, OR LIQUOR THEY DRINK, EVEN WHEN OTHERS AROUND THEM ARE DRINKING. HERE ARE SOME OF THE STATEMENTS PEOPLE HAVE MADE ABOUT WHY THEY LIMIT THEIR DRINKING. HOW IMPORTANT WOULD YOU SAY THAT EACH OF THE FOLLOWING IS TO YOU AS A REASON FOR LIMITING YOUR DRINKING--VERY IMPORTANT, FAIRLY IMPORTANT, OR NOT AT ALL IMPORTANT?

	Very Important	Fairly Important	Not at all Important	Not Applicable
A. I don't like the taste.	☐	☐	☐	☐
B. It's bad for my health.	☐	☐	☐	☐
C. I don't want to get drunk.	☐	☐	☐	☐
D. I'm embarrassed about something I said or did while drinking.	☐	☐	☐	☐
E. Alcohol makes me gain weight.	☐	☐	☐	☐
F. I can't afford it.	☐	☐	☐	☐
G. My religion discourages or is against drinking.	☐	☐	☐	☐
H. I was brought up not to drink.	☐	☐	☐	☐
I. I'm not old enough to drink legally.	☐	☐	☐	☐
J. When I know I am going to drive.	☐	☐	☐	☐
K. It makes me feel bad emotionally.	☐	☐	☐	☐
L. It makes me feel bad physically.	☐	☐	☐	☐
M. I like to feel in control of myself.	☐	☐	☐	☐
. I want to do well academically or bring my GPA up.	☐	☐	☐	☐
O. Drinking reduces my performance in sports.	☐	☐	☐	☐
P. I wouldn't want to disappoint my parents.	☐	☐	☐	☐
Q. Someone suggested that I should drink less.	☐	☐	☐	☐
R. I became concerned with how much I've been drinking.	☐	☐	☐	☐
S. I have to study for an important test or exam.	☐	☐	☐	☐
T. I'm part of a group that doesn't drink much.	☐	☐	☐	☐
U. I've seen the negative effects of someone else's drinking.	☐	☐	☐	☐
V. Drinking heavily is a sign of personal weakness.	☐	☐	☐	☐
W. I'm concerned about what people might think.	☐	☐	☐	☐

8

Sample Page from "Patterns of Student Life & Alcohol Use"

Washington State University

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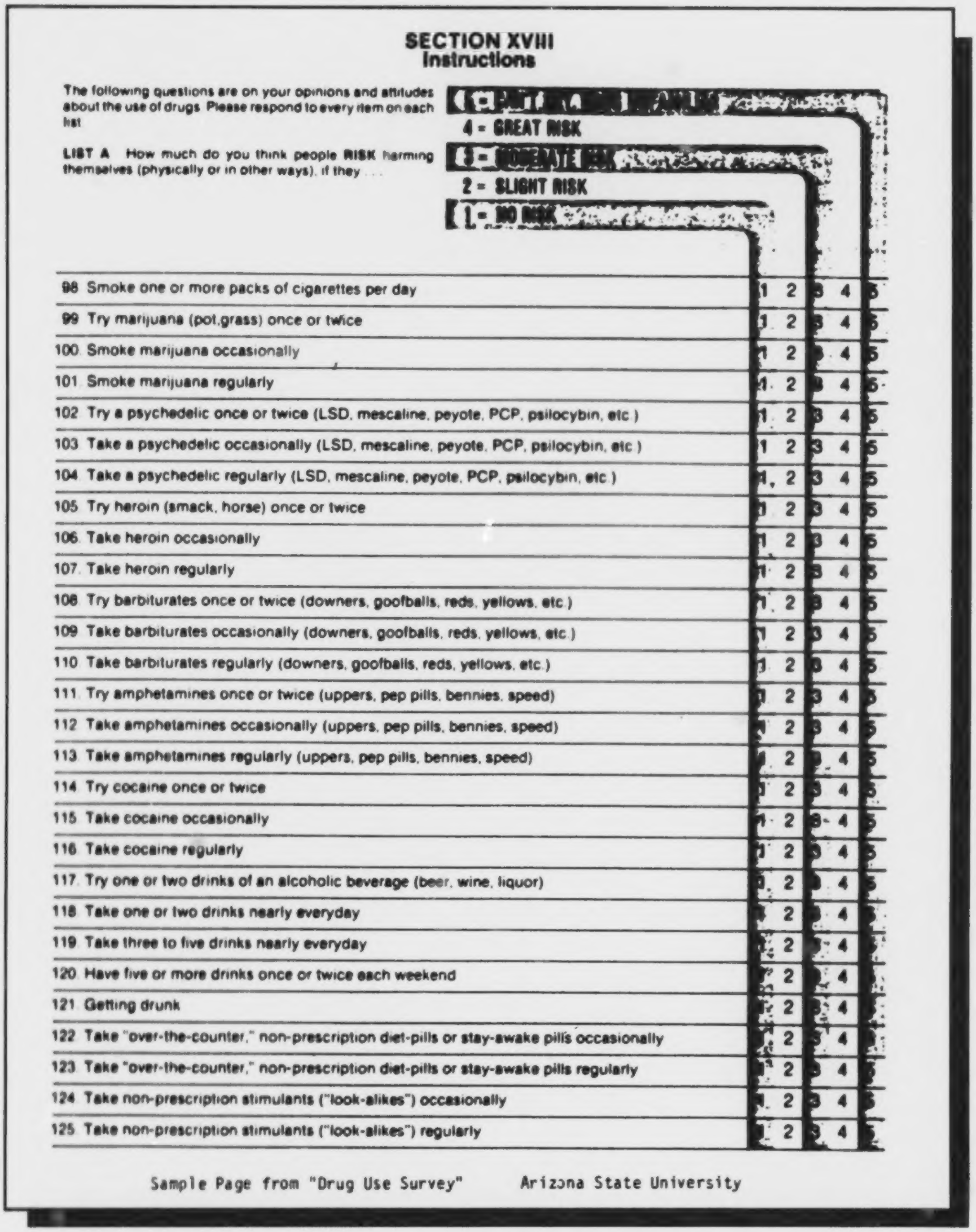


SECTION XVIII
Instructions

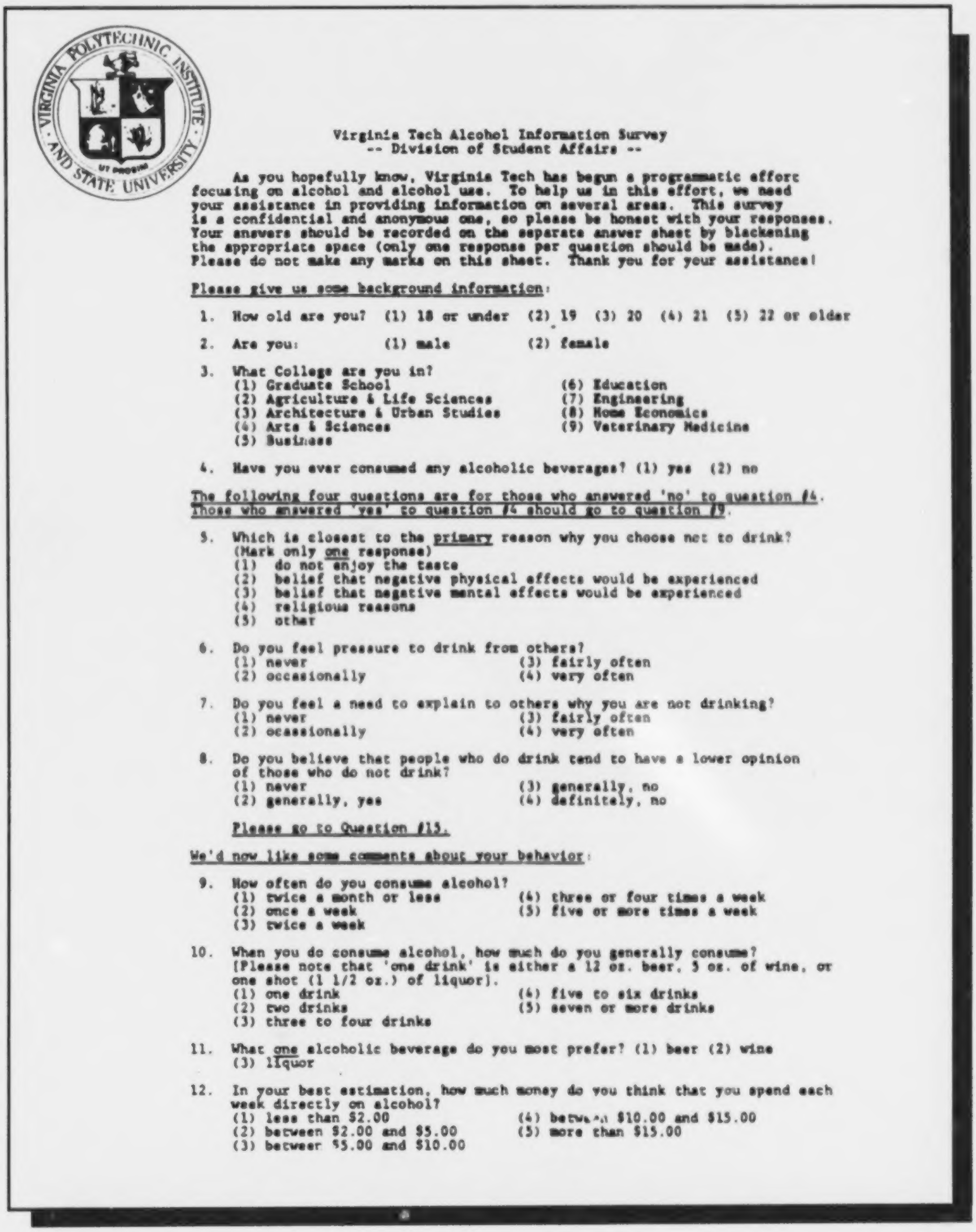
The following questions are on your opinions and attitudes about the use of drugs. Please respond to every item on each list.

LIST A How much do you think people **RISK** harming themselves (physically or in other ways), if they . . .

5 = [illegible]
4 = GREAT RISK
3 = MODERATE RISK
2 = SLIGHT RISK
1 = NO RISK

98 Smoke one or more packs of cigarettes per day	1	2	3	4	5
99 Try marijuana (pot,grass) once or twice	1	2	3	4	5
100. Smoke marijuana occasionally	1	2	3	4	5
101. Smoke marijuana regularly	1	2	3	4	5
102 Try a psychedelic once or twice (LSD, mescaline, peyote, PCP, psilocybin, etc.)	1	2	3	4	5
103 Take a psychedelic occasionally (LSD, mescaline, peyote, PCP, psilocybin, etc.)	1	2	3	4	5
104 Take a psychedelic regularly (LSD, mescaline, peyote, PCP, psilocybin, etc.)	1	2	3	4	5
105 Try heroin (smack, horse) once or twice	1	2	3	4	5
106. Take heroin occasionally	1	2	3	4	5
107. Take heroin regularly	1	2	3	4	5
108 Try barbiturates once or twice (downers, goofballs, reds, yellows, etc.)	1	2	3	4	5
109 Take barbiturates occasionally (downers, goofballs, reds, yellows, etc.)	1	2	3	4	5
110 Take barbiturates regularly (downers, goofballs, reds, yellows, etc.)	1	2	3	4	5
111. Try amphetamines once or twice (uppers, pep pills, bennies, speed)	1	2	3	4	5
112 Take amphetamines occasionally (uppers, pep pills, bennies, speed)	1	2	3	4	5
113 Take amphetamines regularly (uppers, pep pills, bennies, speed)	1	2	3	4	5
114 Try cocaine once or twice	1	2	3	4	5
115 Take cocaine occasionally	1	2	3	4	5
116 Take cocaine regularly	1	2	3	4	5
117. Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	1	2	3	4	5
118 Take one or two drinks nearly everyday	1	2	3	4	5
119 Take three to five drinks nearly everyday	1	2	3	4	5
120 Have five or more drinks once or twice each weekend	1	2	3	4	5
121 Getting drunk	1	2	3	4	5
122 Take "over-the-counter," non-prescription diet-pills or stay-awake pills occasionally	1	2	3	4	5
123 Take "over-the-counter," non-prescription diet-pills or stay-awake pills regularly	1	2	3	4	5
124 Take non-prescription stimulants ("look-alikes") occasionally	1	2	3	4	5
125 Take non-prescription stimulants ("look-alikes") regularly	1	2	3	4	5

Sample Page from "Drug Use Survey"   Arizona State University



Virginia Tech Alcohol Information Survey
-- Division of Student Affairs --

As you hopefully know, Virginia Tech has begun a programmatic effort focusing on alcohol and alcohol use. To help us in this effort, we need your assistance in providing information on several areas. This survey is a confidential and anonymous one, so please be honest with your responses. Your answers should be recorded on the separate answer sheet by blackening the appropriate space (only one response per question should be made). Please do not make any marks on this sheet. Thank you for your assistance!

Please give us some background information:

1. How old are you? (1) 18 or under (2) 19 (3) 20 (4) 21 (5) 22 or older

2. Are you: (1) male (2) female

3. What College are you in?
   (1) Graduate School
   (2) Agriculture & Life Sciences
   (3) Architecture & Urban Studies
   (4) Arts & Sciences
   (5) Business
   (6) Education
   (7) Engineering
   (8) Home Economics
   (9) Veterinary Medicine

4. Have you ever consumed any alcoholic beverages? (1) yes (2) no

The following four questions are for those who answered 'no' to question #4. Those who answered 'yes' to question #4 should go to question #9.

5. Which is closest to the primary reason why you choose not to drink? (Mark only one response)
   (1) do not enjoy the taste
   (2) belief that negative physical effects would be experienced
   (3) belief that negative mental effects would be experienced
   (4) religious reasons
   (5) other

6. Do you feel pressure to drink from others?
   (1) never
   (2) occasionally
   (3) fairly often
   (4) very often

7. Do you feel a need to explain to others why you are not drinking?
   (1) never
   (2) ocassionally
   (3) fairly often
   (4) very often

8. Do you believe that people who do drink tend to have a lower opinion of those who do not drink?
   (1) never
   (2) generally, yes
   (3) generally, no
   (4) definitely, no

   Please go to Question #15.

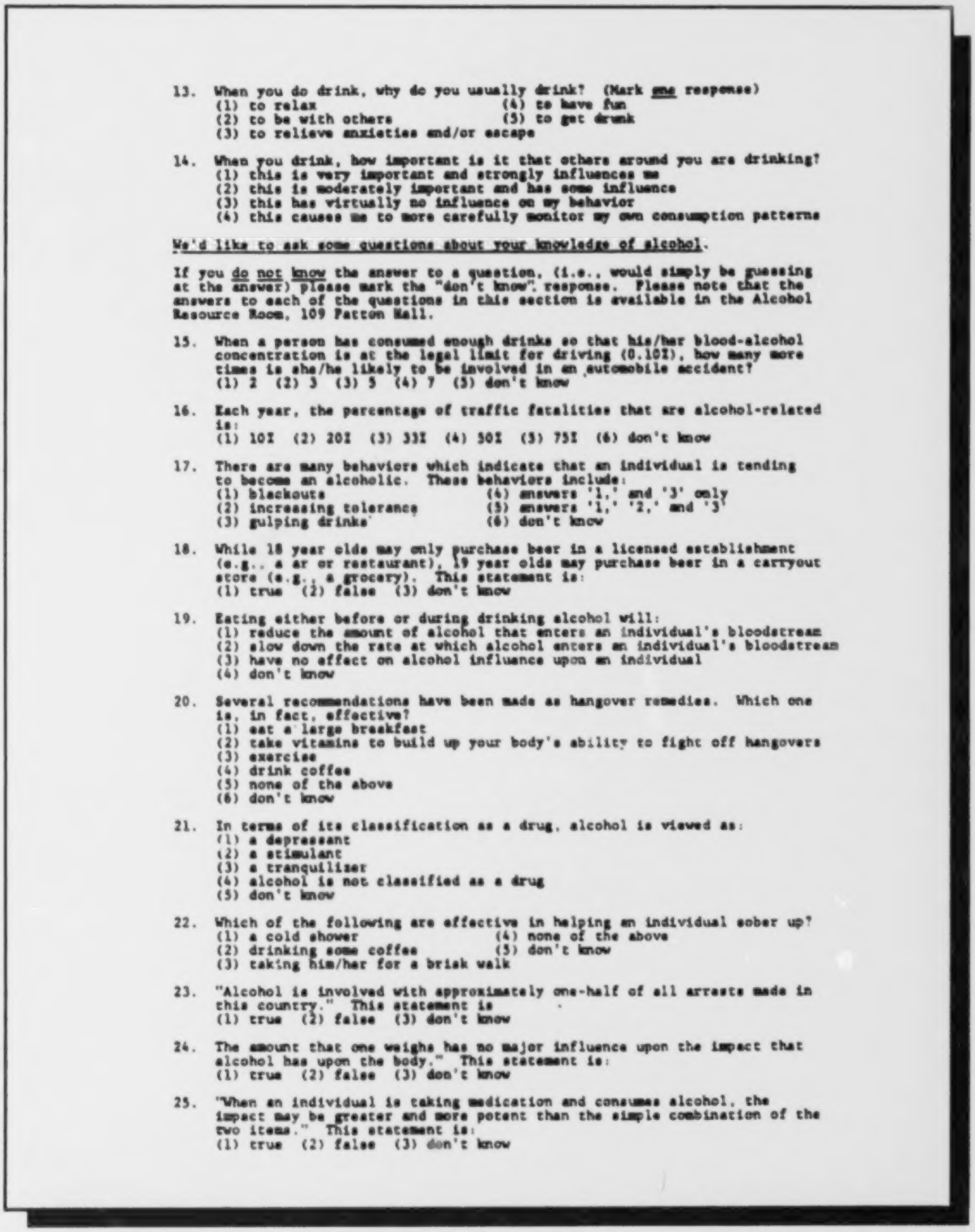
We'd now like some comments about your behavior:

9. How often do you consume alcohol?
   (1) twice a month or less
   (2) once a week
   (3) twice a week
   (4) three or four times a week
   (5) five or more times a week

10. When you do consume alcohol, how much do you generally consume? [Please note that 'one drink' is either a 12 oz. beer, 5 oz. of wine, or one shot (1 1/2 oz.) of liquor].
   (1) one drink
   (2) two drinks
   (3) three to four drinks
   (4) five to six drinks
   (5) seven or more drinks

11. What one alcoholic beverage do you most prefer? (1) beer (2) wine (3) liquor

12. In your best estimation, how much money do you think that you spend each week directly on alcohol?
   (1) less than $2.00
   (2) between $2.00 and $5.00
   (3) between $5.00 and $10.00
   (4) between $10.00 and $15.00
   (5) more than $15.00



13. When you do drink, why do you usually drink? (Mark one response)
(1) to relax
(2) to be with others
(3) to relieve anxieties and/or escape
(4) to have fun
(5) to get drunk

14. When you drink, how important is it that others around you are drinking?
(1) this is very important and strongly influences me
(2) this is moderately important and has some influence
(3) this has virtually no influence on my behavior
(4) this causes me to more carefully monitor my own consumption patterns

We'd like to ask some questions about your knowledge of alcohol.

If you do not know the answer to a question, (i.e., would simply be guessing at the answer) please mark the "don't know" response. Please note that the answers to each of the questions in this section is available in the Alcohol Resource Room, 109 Patton Hall.

15. When a person has consumed enough drinks so that his/her blood-alcohol concentration is at the legal limit for driving (0.10%), how many more times is she/he likely to be involved in an automobile accident?
(1) 2 (2) 3 (3) 5 (4) 7 (5) don't know

16. Each year, the percentage of traffic fatalities that are alcohol-related is:
(1) 10% (2) 20% (3) 33% (4) 50% (5) 75% (6) don't know

17. There are many behaviors which indicate that an individual is tending to become an alcoholic. These behaviors include:
(1) blackouts
(2) increasing tolerance
(3) gulping drinks
(4) answers '1,' and '3' only
(5) answers '1,' '2,' and '3'
(6) don't know

18. While 18 year olds may only purchase beer in a licensed establishment (e.g., a ar or restaurant), 19 year olds may purchase beer in a carryout store (e.g., a grocery). This statement is:
(1) true (2) false (3) don't know

19. Eating either before or during drinking alcohol will:
(1) reduce the amount of alcohol that enters an individual's bloodstream
(2) slow down the rate at which alcohol enters an individual's bloodstream
(3) have no effect on alcohol influence upon an individual
(4) don't know

20. Several recommendations have been made as hangover remedies. Which one is, in fact, effective?
(1) eat a large breakfast
(2) take vitamins to build up your body's ability to fight off hangovers
(3) exercise
(4) drink coffee
(5) none of the above
(6) don't know

21. In terms of its classification as a drug, alcohol is viewed as:
(1) a depressant
(2) a stimulant
(3) a tranquilizer
(4) alcohol is not classified as a drug
(5) don't know

22. Which of the following are effective in helping an individual sober up?
(1) a cold shower
(2) drinking some coffee
(3) taking him/her for a brisk walk
(4) none of the above
(5) don't know

23. "Alcohol is involved with approximately one-half of all arrests made in this country." This statement is
(1) true (2) false (3) don't know

24. The amount that one weighs has no major influence upon the impact that alcohol has upon the body." This statement is:
(1) true (2) false (3) don't know

25. "When an individual is taking medication and consumes alcohol, the impact may be greater and more potent than the simple combination of the two items." This statement is:
(1) true (2) false (3) don't know

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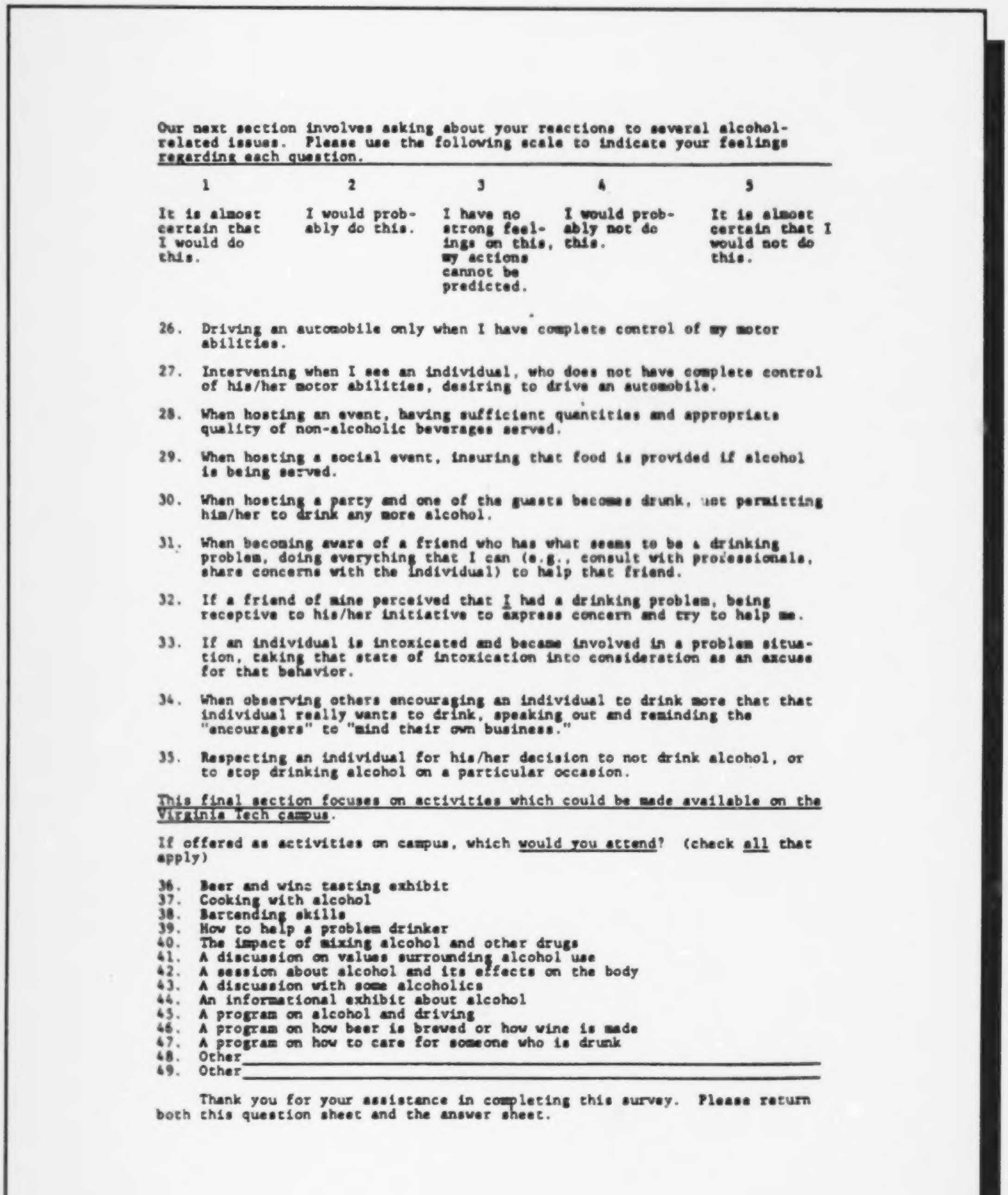

Our next section involves asking about your reactions to several alcohol-related issues. Please use the following scale to indicate your feelings regarding each question.

1	2	3	4	5
It is almost certain that I would do this.	I would probably do this.	I have no strong feelings on this, my actions cannot be predicted.	I would probably not do this.	It is almost certain that I would not do this.

26. Driving an automobile only when I have complete control of my motor abilities.

27. Intervening when I see an individual, who does not have complete control of his/her motor abilities, desiring to drive an automobile.

28. When hosting an event, having sufficient quantities and appropriate quality of non-alcoholic beverages served.

29. When hosting a social event, insuring that food is provided if alcohol is being served.

30. When hosting a party and one of the guests becomes drunk, not permitting him/her to drink any more alcohol.

31. When becoming aware of a friend who has what seems to be a drinking problem, doing everything that I can (e.g., consult with professionals, share concerns with the individual) to help that friend.

32. If a friend of mine perceived that I had a drinking problem, being receptive to his/her initiative to express concern and try to help me.

33. If an individual is intoxicated and became involved in a problem situation, taking that state of intoxication into consideration as an excuse for that behavior.

34. When observing others encouraging an individual to drink more that that individual really wants to drink, speaking out and reminding the "encouragers" to "mind their own business."

35. Respecting an individual for his/her decision to not drink alcohol, or to stop drinking alcohol on a particular occasion.

This final section focuses on activities which could be made available on the Virginia Tech campus.

If offered as activities on campus, which would you attend? (check all that apply)

36. Beer and wine tasting exhibit
37. Cooking with alcohol
38. Bartending skills
39. How to help a problem drinker
40. The impact of mixing alcohol and other drugs
41. A discussion on values surrounding alcohol use
42. A session about alcohol and its effects on the body
43. A discussion with some alcoholics
44. An informational exhibit about alcohol
45. A program on alcohol and driving
46. A program on how beer is brewed or how wine is made
47. A program on how to care for someone who is drunk
48. Other____
49. Other____

Thank you for your assistance in completing this survey. Please return both this question sheet and the answer sheet.

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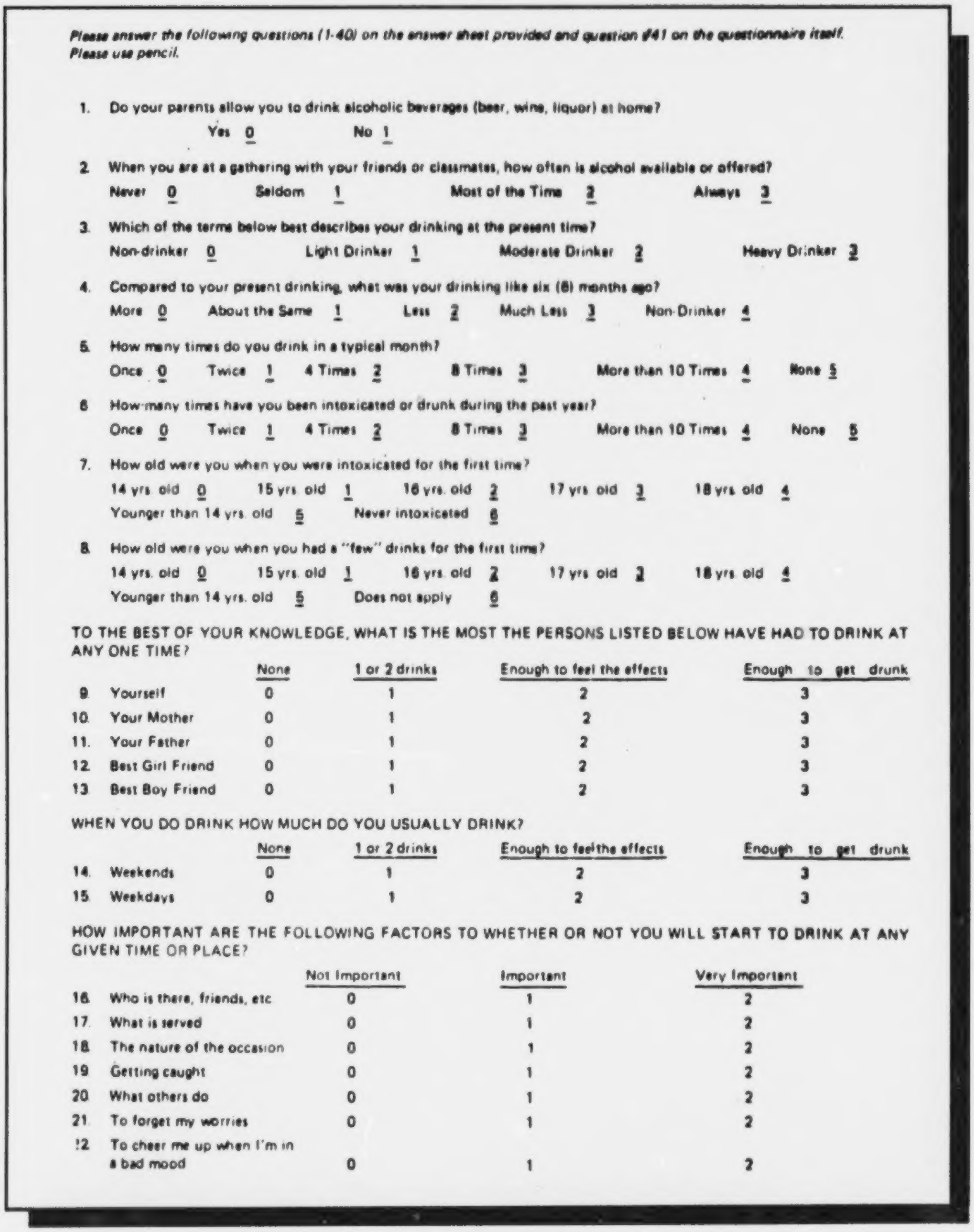

Please answer the following questions (1-40) on the answer sheet provided and question #41 on the questionnaire itself. Please use pencil.

1. Do your parents allow you to drink alcoholic beverages (beer, wine, liquor) at home?
Yes 0 No 1

2. When you are at a gathering with your friends or classmates, how often is alcohol available or offered?
Never 0 Seldom 1 Most of the Time 2 Always 3

3. Which of the terms below best describes your drinking at the present time?
Non-drinker 0 Light Drinker 1 Moderate Drinker 2 Heavy Drinker 3

4. Compared to your present drinking, what was your drinking like six (6) months ago?
More 0 About the Same 1 Less 2 Much Less 3 Non-Drinker 4

5. How many times do you drink in a typical month?
Once 0 Twice 1 4 Times 2 8 Times 3 More than 10 Times 4 None 5

6. How many times have you been intoxicated or drunk during the past year?
Once 0 Twice 1 4 Times 2 8 Times 3 More than 10 Times 4 None 5

7. How old were you when you were intoxicated for the first time?
14 yrs. old 0 15 yrs. old 1 16 yrs. old 2 17 yrs. old 3 18 yrs. old 4
Younger than 14 yrs. old 5 Never intoxicated 6

8. How old were you when you had a "few" drinks for the first time?
14 yrs. old 0 15 yrs. old 1 16 yrs. old 2 17 yrs. old 3 18 yrs. old 4
Younger than 14 yrs. old 5 Does not apply 6

TO THE BEST OF YOUR KNOWLEDGE, WHAT IS THE MOST THE PERSONS LISTED BELOW HAVE HAD TO DRINK AT ANY ONE TIME?

	None	1 or 2 drinks	Enough to feel the effects	Enough to get drunk
9. Yourself	0	1	2	3
10. Your Mother	0	1	2	3
11. Your Father	0	1	2	3
12. Best Girl Friend	0	1	2	3
13. Best Boy Friend	0	1	2	3

WHEN YOU DO DRINK HOW MUCH DO YOU USUALLY DRINK?

	None	1 or 2 drinks	Enough to feel the effects	Enough to get drunk
14. Weekends	0	1	2	3
15. Weekdays	0	1	2	3

HOW IMPORTANT ARE THE FOLLOWING FACTORS TO WHETHER OR NOT YOU WILL START TO DRINK AT ANY GIVEN TIME OR PLACE?

	Not Important	Important	Very Important
16. Who is there, friends, etc	0	1	2
17. What is served	0	1	2
18. The nature of the occasion	0	1	2
19. Getting caught	0	1	2
20. What others do	0	1	2
21. To forget my worries	0	1	2
22. To cheer me up when I'm in a bad mood	0	1	2

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THE FOLLOWING QUESTIONS ARE ABOUT HOW MUCH DRINKING IS ALL RIGHT FOR YOU IN CERTAIN SITUATIONS. PLEASE CHECK HOW MUCH DRINK YOU BELIEVE IS ALL RIGHT FOR YOU NOW?

	None	1 or 2	"High" OK	Getting Drunk OK Sometimes
23. Alone in my Residence Hall Room	0	1	2	3
24. At a party on campus	0	1	2	3
25. At home with my parents	0	1	2	3
26. Before you drive a car	0	1	2	3
27. With some friends in Res Hall room	0	1	2	3
28. At a party off campus	0	1	2	3
29. When you have a bad cold	0	1	2	3
30. As host of a small party or gathering	0	1	2	3
31. With a date	0	1	2	3
32. On the campus grounds with some friends	0	1	2	3
33. At a school function	0	1	2	3

34. Most of us don't know any alcoholics or drug-dependent people.
True 0 False 1

35. People get drunk . . . or sick . . from switching drinks.
True 0 False 1

36. Beer is less liable to get you drunk than "hard liquor".
True 0 False 1

37. Alcohol is a stimulant.
True 0 False 1

38. Small amounts of alcohol actually improve some people's driving skills.
True 0 False 1

39. Drinking is a sexual stimulant.
True 0 False 1

40. Black coffee, a shower, or a long walk are the most effective ways to sober someone up.
True 0 False 1

41. Please rank 1-5 (1 for highest preferences) the following

Beer ______ Soft drinks (non alcoholic) ______
Wine ______ Mixed drinks ______
Whiskey ______

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WELLNESS SELF ASSESSMENT FORM

	YES, USUSALLY	SOMETIMES, MAYBE	NO
PHYSICAL FITNESS	2	1	0
1. I exercise vigorously for at least 20 minutes three or more times per week.	___	___	___
2. I stretch before and after exercising.	___	___	___
3. I get an adequate amount of sleep.	___	___	___
4. My exercise program include the major fitness components - endurance, strength and flexibility.	___	___	___
5. My resting blood pressure is under 140/90.	___	___	___
6. I climb stairs rather than ride elevators.	___	___	___
7. I walk or ride a bike whenever possible.	___	___	___
8. I stop exercising before I feel exhausted.	___	___	___
9. I avoid sporadic strenuous exercise if I'm not in shape.	___	___	___
10. I determine my activity level by monitoring my heart rate.			

_____+_____+_____=_____

NUTRITION			
1. I eat breakfast regularly.	___	___	___
2. I include the four basic food groups in my diet each day.	___	___	___
3. I minimize my intake of salt, sugar and cholesterol.	___	___	___
4. I eat fruits and vegetables fresh and uncooked.	___	___	___
5. I intentionally include fiber in my daily diet.	___	___	___
6. I minimize my intake of fats and oils including margarine and animal fats.	___	___	___
7. I drink 6-8 glasses of water a day.	___	___	___
8. I am aware of the additives and nutrients in the food I eat.	___	___	___
9. I maintain an appropriate weight for my height.	___	___	___
10. I drink fewer than five soft drinks per week.	___	___	___

_____+_____+_____=_____

SELF-CARE

		YES, USUALLY	SOMETIMES, MAYBE	NO
		2	1	0
1.	I am able to relax my body and mind without using drugs or alcohol.	___	___	___
2.	I avoid the use of tobacco.	___	___	___
3.	I consume no more than two alcoholic drinks per day.	___	___	___
4.	I limit my use of legal and illegal drugs.	___	___	___
5.	I examine by breasts or testes on a monthly basis.	___	___	___
6.	If I were to engage in sex and didn't want children at that time, I would use an effective contraceptive method.	___	___	___
7.	I take action to prevent contracting and/or transmitting sexually transmitted diseases.	___	___	___
8.	When taking medication, I know the name, dosage and purpose of it.	___	___	___
9.	I stay within the speed limit and wear a seat belt.	___	___	___
10.	I do not operate a vehicle or ride with a vehicle operator who is under the influence of alcohol or drugs.			

___ + ___ + ___ = ___

VALUES

		YES, USUALLY	SOMETIMES, MAYBE	NO
1.	I feel good about my set of values and ethics.	___	___	___
2.	Meditation and/or quiet personal reflection are important parts of my life.	___	___	___
3.	I reflect on the meaning of events in my life.	___	___	___
4.	My values and beliefs help me to meet daily challenges.	___	___	___
5.	I realize my values may change with time.	___	___	___
6.	I am concerned about humanitarian issues.	___	___	___
7.	Awareness of people and subjects that are important to me occur at times other than crisis.	___	___	___
8.	I am tolerant of the values and beliefs of others.	___	___	___
9.	I feel a sense of compassion to others in need.	___	___	___
10.	I investigate other people's values and religious beliefs.			

___ + ___ + ___ = ___

		YES, USUALLY	SOMETIME MAYBE	NO
INTELLECTUAL		2	1	0
1.	I read a daily newspaper or watch/listen to the news.	___	___	___
2.	I visit/attend a museum, lecture, workshop or demonstration at least three times yearly.	___	___	___
3.	I participate in a hobby such as photography, writing, music, etc.	___	___	___
4.	I make an effort to learn the meaning of new words.	___	___	___
5.	I am interested in understanding the view of others.	___	___	___
6.	I devote time to sharing ideas, concepts, thoughts or procedures to advance the knowledge of others and myself.	___	___	___
7.	I choose my elective courses carefully.	___	___	___
8.	My test scores reflect good study habits.	___	___	___
9.	I manage my time so I get all my daily work done.	___	___	___
10.	Before a test, I do not become overly anxious.			

___ + ___ + ___ = ___

SOCIAL AWARENESS/ENVIRONMENT				
1.	I avoid extremely noisy environments.	___	___	___
2.	I choose non-smoking areas whenever possible.	___	___	___
3.	I take steps to conserve my personal consumption of energy (heat, water, lights, gasoline).	___	___	___
4.	I recycle papers, cans, glass, clothing, and other usable articles.	___	___	___
5.	I offer support to family members.	___	___	___
6.	I am sensitive to the feelings of others.	___	___	___
7.	I participate in activities which have benefit to others.	___	___	___
8.	I contribute time and/or money to community projects.	___	___	___
9.	I am fair and just in my behavior toward others.	___	___	___
10.	I beautify environmental areas which are under my control.			

___ + ___ + ___ = ___

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	YES, USUALLY	SOMETIME MAYBE	NO
CAREER/OCCUPATIONAL	2	1	0
1. I can identify my major interests and values in life.			
2. I am taking a variety of classes to help me explore various fields of interest.			
3. I have at-least three long-range (general) career goals.			
4. I have investigated possibilities for a major by talking with each department I am considering.			
5. I have talked to professionals in career fields that interest me to find out what their jobs are like.			
6. I am involved in extra-curricular activities that allow me to apply my skills and to learn new ones.			
7. I have declared a major that I feel good about.			
8. I have researched specific career options within my field of interest.			
9. I have focused on a specific specialization to launch my career after graduation.			
10. I have developed effective skills in all facets of job hunting (resume writing, researching employers, and interviewing).			

____ + ____ + ____ = ____

EMOTIONAL AWARENESS			
1. I am not afraid to make mistakes.			
2. I do not worry over trivial matters.			
3. I can say "no" without feeling guilty.			
4. I do not easily or frequently become depressed.			
5. I do not lose my temper easily.			
6. I feel good about myself.			
7. I have confidence in myself.			
8. I do not feel inferior to other people.			
9. I accept responsibility for my actions.			
10. Before a test, I do not become overly anxious.			

____ + ____ + ____ = ____

EMOTIONAL MANAGEMENT

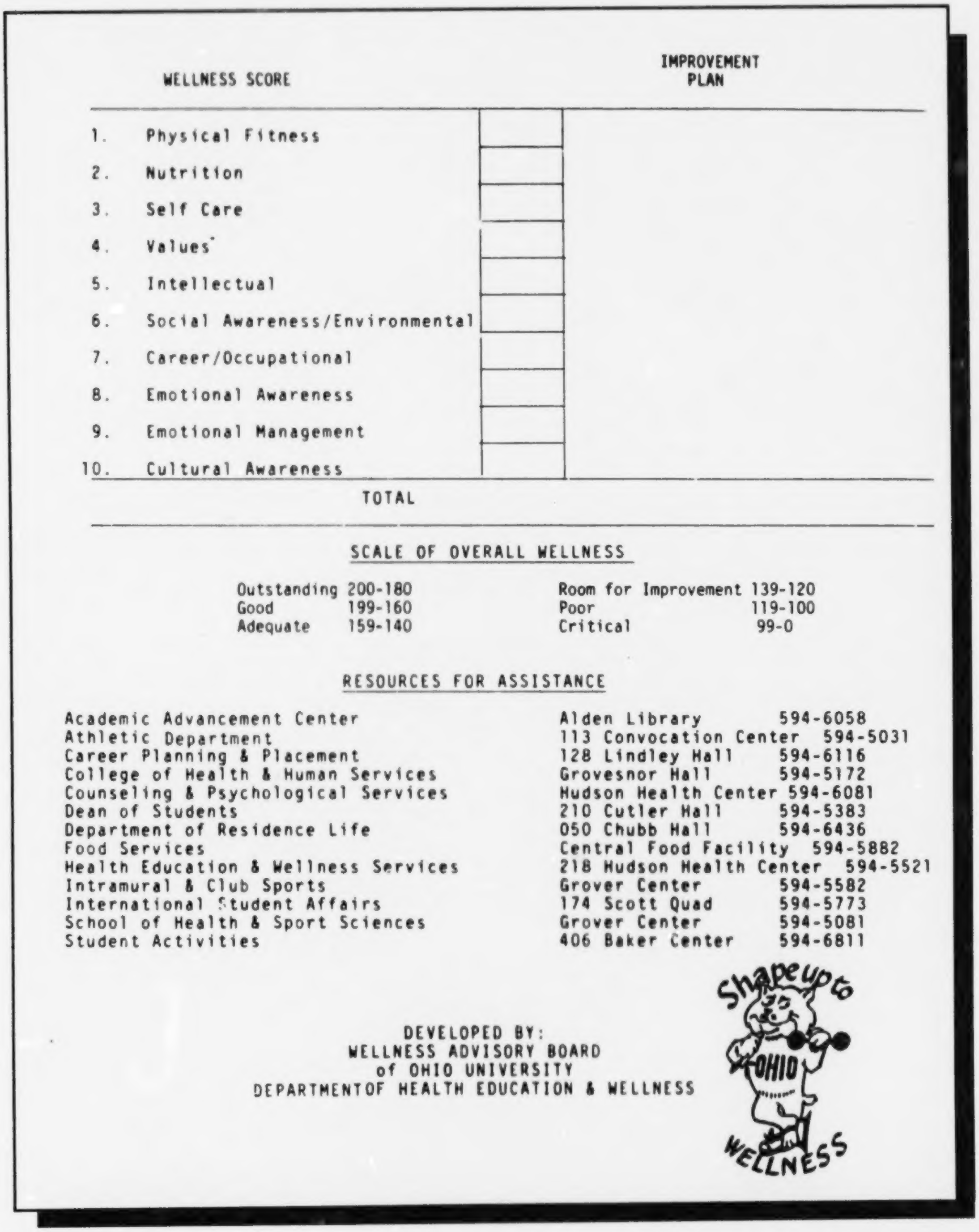
		YES, USUALLY 2	SOMETIME/ MAYBE 1	NO 0
1.	I am generally comfortable around other people.	___	___	___
2.	I am able to develop close relationships with others.	___	___	___
3.	I am able to be open with those I am close to.	___	___	___
4.	I am not fearful and do not avoid members of the opposite sex.	___	___	___
5.	I am conscientious about not hurting other people's feelings.	___	___	___
6.	I have a good relationship with members of my family.	___	___	___
7.	I am not easily led by others.	___	___	___
8.	I can be assertive when necessary.	___	___	___
9.	I can be myself without feeling lonely.	___	___	___
10.	I can accept constructive criticism without reacting defensively.			

___+___+___=___

CULTURAL AWARENESS

1.	I am comfortable with students who are ethnically or culturally different than myself.	___	___	___
2.	I am interested in meeting students from different countries.	___	___	___
3.	I consider the ethnic and cultural diversity of students at Ohio University as an asset to my individual growth.	___	___	___
4.	I am aware of the international residence halls on campus.	___	___	___
5.	I am sensitive to the cultural and ethnic conflicts that are part of our daily life.	___	___	___
6.	I regularly have conversations with students from countries other than my own.	___	___	___
7.	I make an effort to learn about countries and cultures of other students.	___	___	___
8.	I have attended programs or discussions on international topics.	___	___	___
9.	I feel that the understanding of students from other countries is an asset in the quest for world peace.	___	___	___
10.	I feel that being around students from other countries has added to my educational experience at Ohio University.			

___+___+___=



	WELLNESS SCORE		IMPROVEMENT PLAN
1.	Physical Fitness	☐	
2.	Nutrition	☐	
3.	Self Care	☐	
4.	Values	☐	
5.	Intellectual	☐	
6.	Social Awareness/Environmental	☐	
7.	Career/Occupational	☐	
8.	Emotional Awareness	☐	
9.	Emotional Management	☐	
10.	Cultural Awareness	☐	
	TOTAL		

SCALE OF OVERALL WELLNESS

Outstanding	200-180	Room for Improvement	139-120
Good	199-160	Poor	119-100
Adequate	159-140	Critical	99-0

RESOURCES FOR ASSISTANCE

Academic Advancement Center	Alden Library	594-6058
Athletic Department	113 Convocation Center	594-5031
Career Planning & Placement	128 Lindley Hall	594-6116
College of Health & Human Services	Grovesnor Hall	594-5172
Counseling & Psychological Services	Hudson Health Center	594-6081
Dean of Students	210 Cutler Hall	594-5383
Department of Residence Life	050 Chubb Hall	594-6436
Food Services	Central Food Facility	594-5882
Health Education & Wellness Services	218 Hudson Health Center	594-5521
Intramural & Club Sports	Grover Center	594-5582
International Student Affairs	174 Scott Quad	594-5773
School of Health & Sport Sciences	Grover Center	594-5081
Student Activities	406 Baker Center	594-6811

DEVELOPED BY:
WELLNESS ADVISORY BOARD
of OHIO UNIVERSITY
DEPARTMENTOF HEALTH EDUCATION & WELLNESS

SAMPLE EVALUATION OF WORKSHOP BY PARTICIPANT

Date: ________________ Sex: M F Year: Fr So Jr Sr Age:____

The answers you provide to the following questions will help the Alcohol Education Program to assess the value of this workshop and to determine how it can be modified to be more meaningful in the future. Your honest responses are appreciated; they can have an impact on how the workshop is conducted with later groups.

1. Please rate each of the 3 sessions by how useful it was for you. (1=useless, 5=average, 10=extremely useful)

Session #1	1	2	3	4	5	6	7	8	9	10
Session #2	1	2	3	4	5	6	7	8	9	10
Session #3	1	2	3	4	5	6	7	8	9	10

2. How much did you learn, as a result of this workshop, about: (1=nothing new, 2=a little, 3=some, 4=a great deal)

Alcohol and related facts	1	2	3	4
Your own reasons for drinking	1	2	3	4
Consequences of your drinking	1	2	3	4
Possible alternatives to drinking	1	2	3	4

3. How would you rate your own involvement in the workshop?

(1=not involved, inactive, 5=went through the motions, some activity, and 10=highly involved, very active)

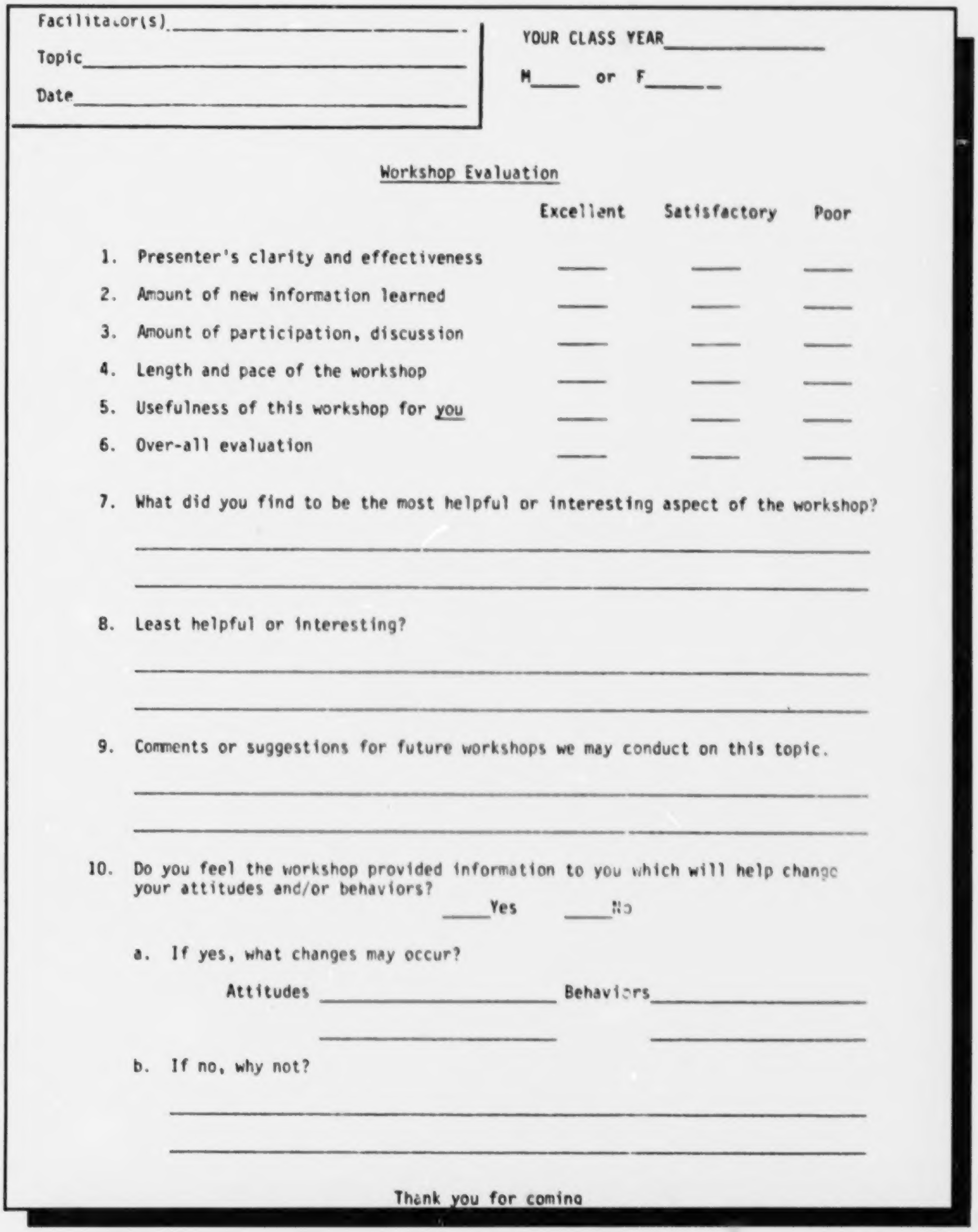
1 2 3 4 5 6 7 8 9 10

4. How comfortable were you with the workshop atmosphere?

(1=tense, uncomfortable, 5=average comfort and relaxation, and 10=very relaxed, highly comfortable)

1 2 3 4 5 6 7 8 9 10

5. What did you like about the workshop?
6. What did you dislike about the workshop?
7. What changes would you recommend?
8. In one sentence, what would you tell another student who has just been referred for the workshop?



Facilitator(s)________________________

Topic____________________________

Date_____________________________

YOUR CLASS YEAR______________

M____ or F_____

Workshop Evaluation

	Excellent	Satisfactory	Poor
1. Presenter's clarity and effectiveness	____	____	____
2. Amount of new information learned	____	____	____
3. Amount of participation, discussion	____	____	____
4. Length and pace of the workshop	____	____	____
5. Usefulness of this workshop for you	____	____	____
6. Over-all evaluation	____	____	____

7. What did you find to be the most helpful or interesting aspect of the workshop?

8. Least helpful or interesting?

9. Comments or suggestions for future workshops we may conduct on this topic.

10. Do you feel the workshop provided information to you which will help change your attitudes and/or behaviors?

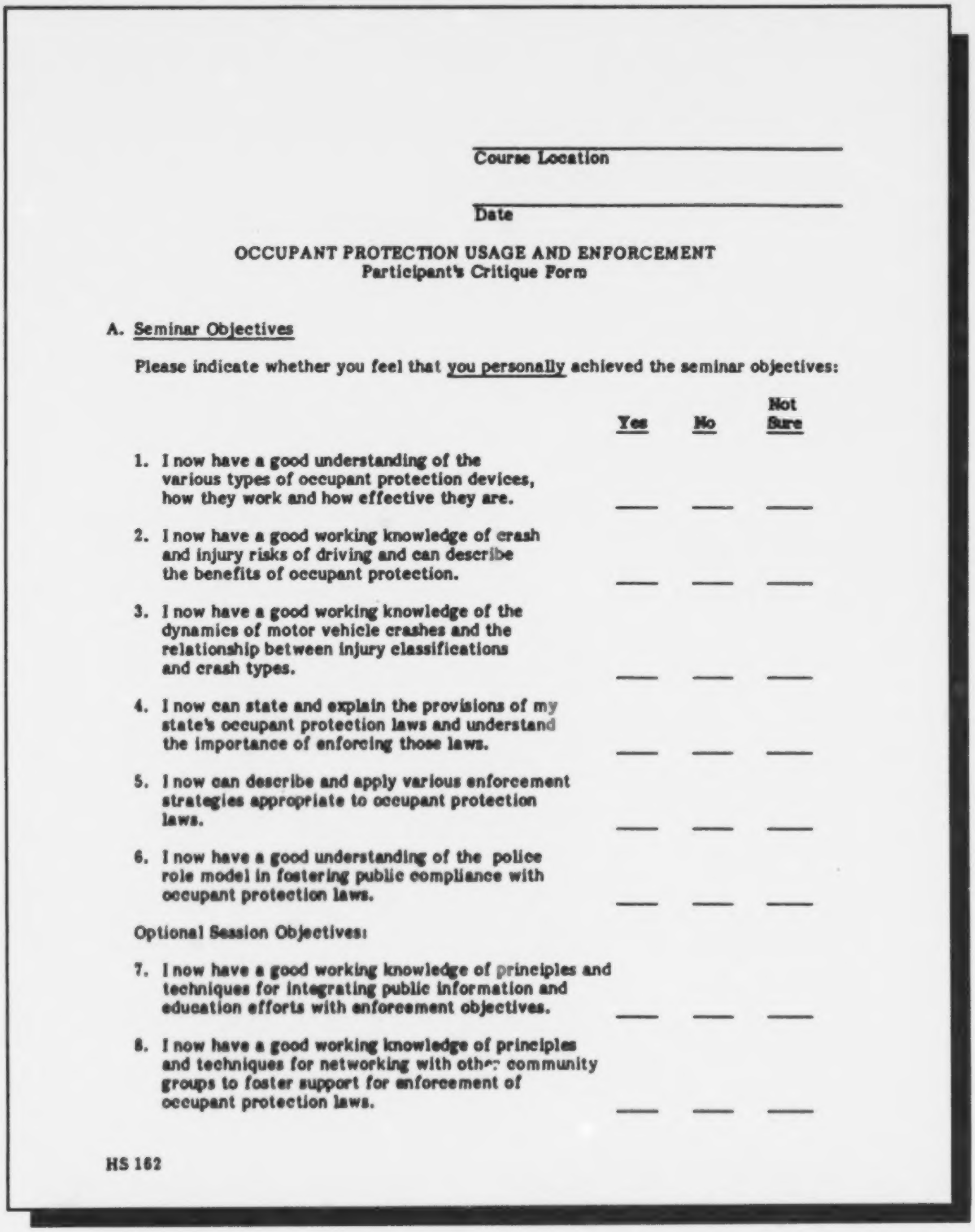
____Yes ____No

a. If yes, what changes may occur?

Attitudes ____________________ Behaviors____________________

b. If no, why not?

Thank you for coming



Course Location ____________________

Date ____________________

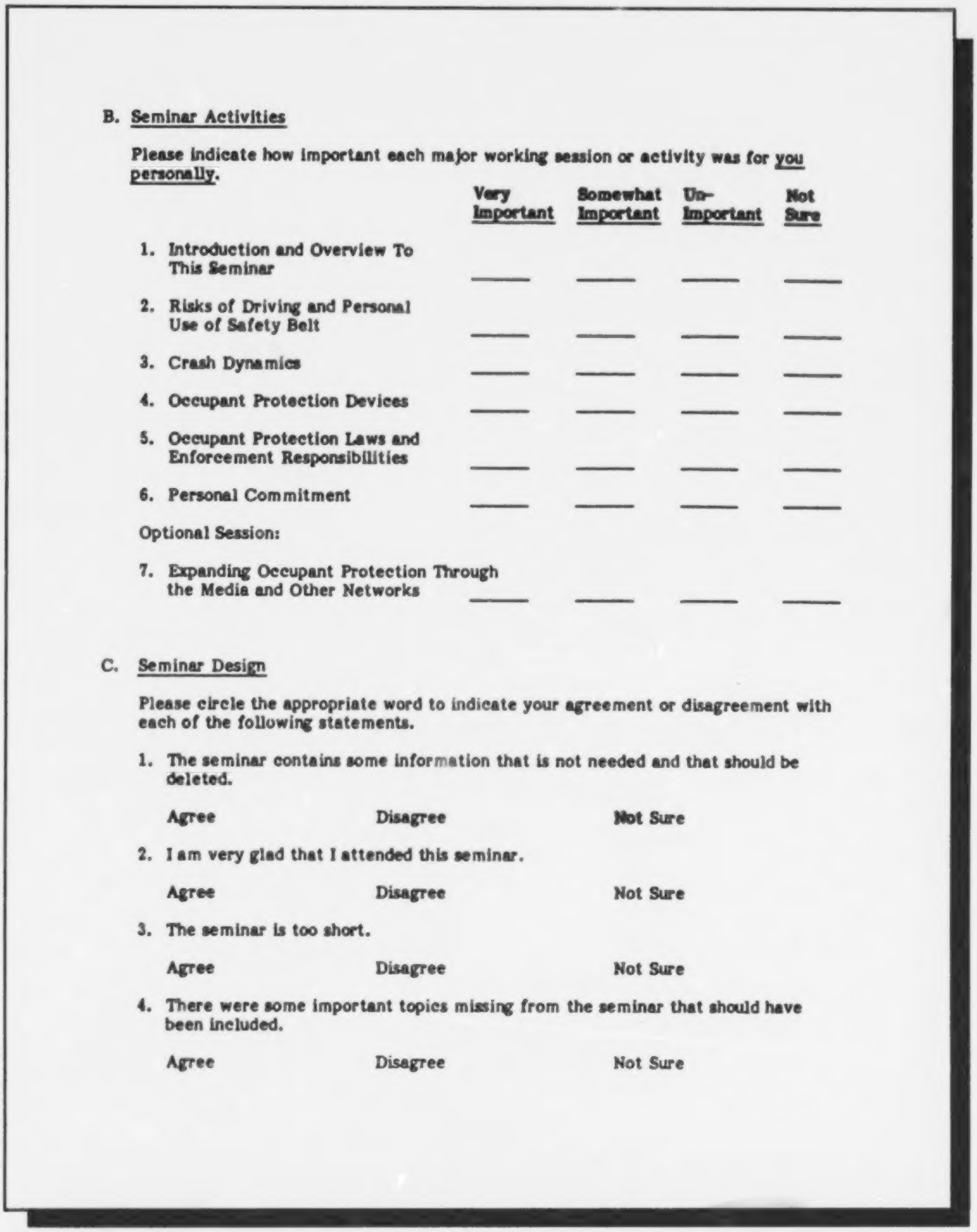
OCCUPANT PROTECTION USAGE AND ENFORCEMENT
Participant's Critique Form

A. Seminar Objectives

Please indicate whether you feel that you personally achieved the seminar objectives:

	Yes	No	Not Sure
1. I now have a good understanding of the various types of occupant protection devices, how they work and how effective they are.	___	___	___
2. I now have a good working knowledge of crash and injury risks of driving and can describe the benefits of occupant protection.	___	___	___
3. I now have a good working knowledge of the dynamics of motor vehicle crashes and the relationship between injury classifications and crash types.	___	___	___
4. I now can state and explain the provisions of my state's occupant protection laws and understand the importance of enforcing those laws.	___	___	___
5. I now can describe and apply various enforcement strategies appropriate to occupant protection laws.	___	___	___
6. I now have a good understanding of the police role model in fostering public compliance with occupant protection laws.	___	___	___
Optional Session Objectives:			
7. I now have a good working knowledge of principles and techniques for integrating public information and education efforts with enforcement objectives.	___	___	___
8. I now have a good working knowledge of principles and techniques for networking with other community groups to foster support for enforcement of occupant protection laws.	___	___	___

HS 162



B. Seminar Activities

Please indicate how important each major working session or activity was for you personally.

	Very Important	Somewhat Important	Un-Important	Not Sure
1. Introduction and Overview To This Seminar	____	____	____	____
2. Risks of Driving and Personal Use of Safety Belt	____	____	____	____
3. Crash Dynamics	____	____	____	____
4. Occupant Protection Devices	____	____	____	____
5. Occupant Protection Laws and Enforcement Responsibilities	____	____	____	____
6. Personal Commitment	____	____	____	____
Optional Session:				
7. Expanding Occupant Protection Through the Media and Other Networks	____	____	____	____

C. Seminar Design

Please circle the appropriate word to indicate your agreement or disagreement with each of the following statements.

1. The seminar contains some information that is not needed and that should be deleted.

   Agree Disagree Not Sure

2. I am very glad that I attended this seminar.

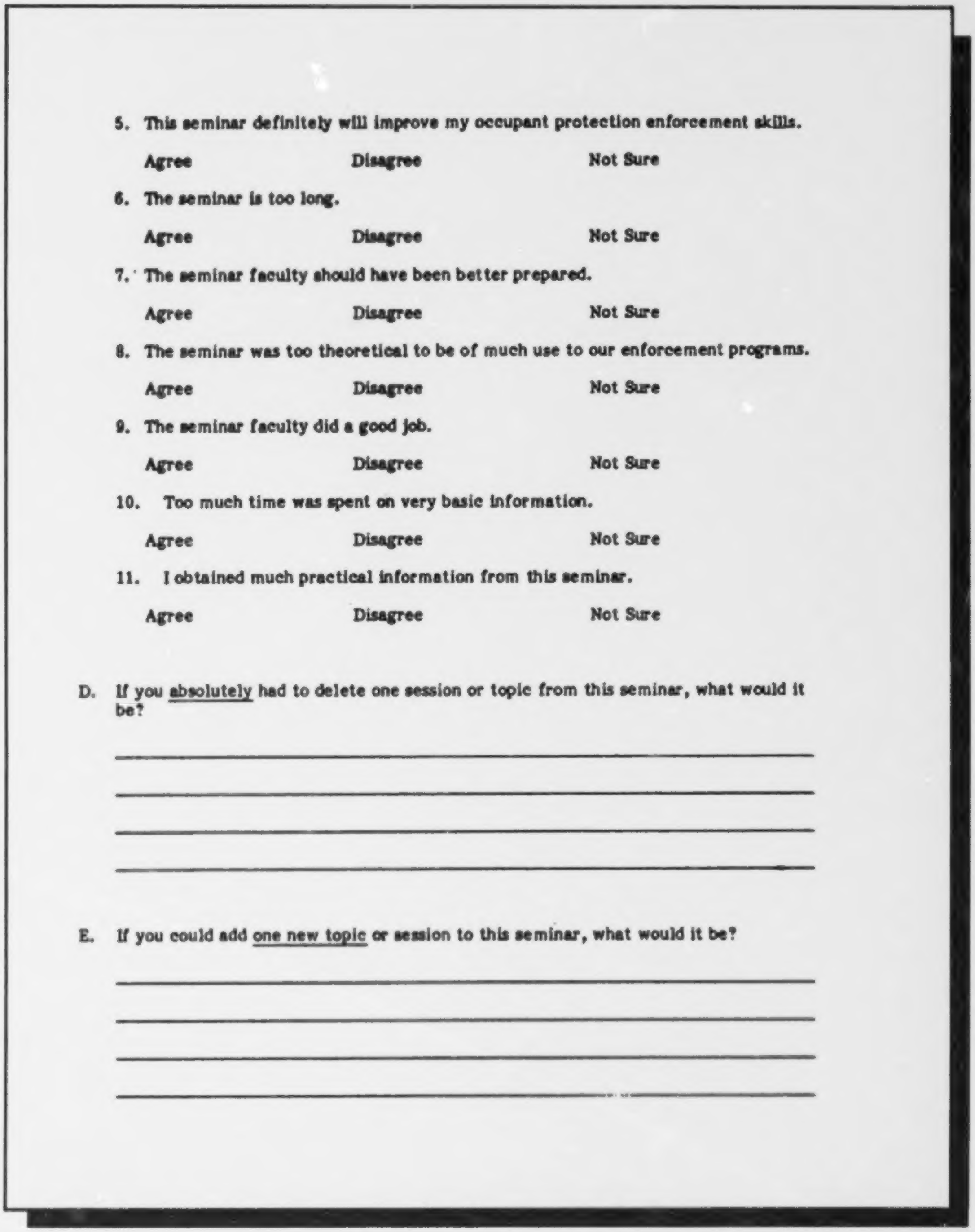
   Agree Disagree Not Sure

3. The seminar is too short.

   Agree Disagree Not Sure

4. There were some important topics missing from the seminar that should have been included.

   Agree Disagree Not Sure



5. This seminar definitely will improve my occupant protection enforcement skills.

Agree Disagree Not Sure

6. The seminar is too long.

Agree Disagree Not Sure

7. The seminar faculty should have been better prepared.

Agree Disagree Not Sure

8. The seminar was too theoretical to be of much use to our enforcement programs.

Agree Disagree Not Sure

9. The seminar faculty did a good job.

Agree Disagree Not Sure

10. Too much time was spent on very basic information.

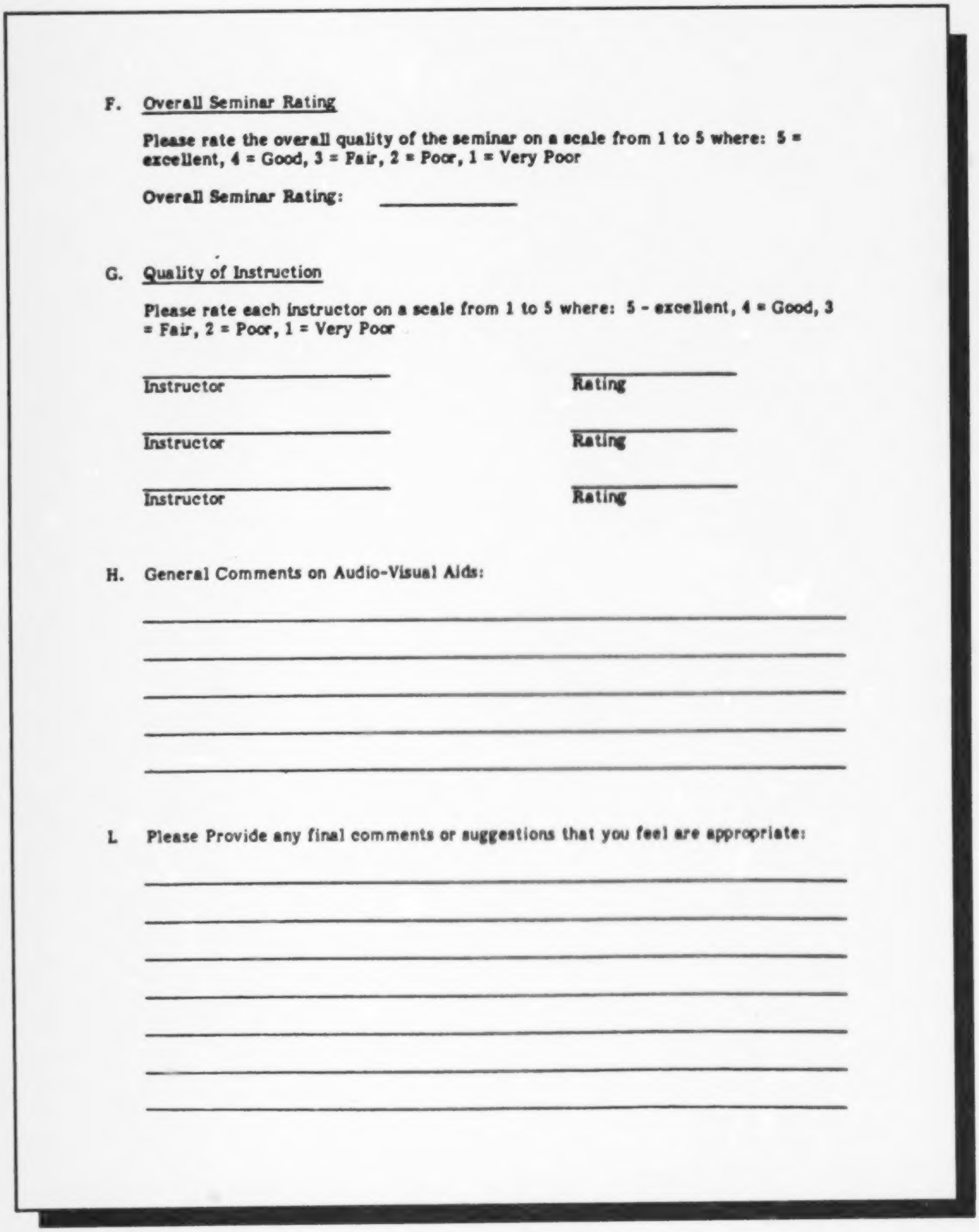
Agree Disagree Not Sure

11. I obtained much practical information from this seminar.

Agree Disagree Not Sure

D. If you absolutely had to delete one session or topic from this seminar, what would it be?

E. If you could add one new topic or session to this seminar, what would it be?



F. Overall Seminar Rating

Please rate the overall quality of the seminar on a scale from 1 to 5 where: 5 = excellent, 4 = Good, 3 = Fair, 2 = Poor, 1 = Very Poor

Overall Seminar Rating: ____________

G. Quality of Instruction

Please rate each instructor on a scale from 1 to 5 where: 5 - excellent, 4 = Good, 3 = Fair, 2 = Poor, 1 = Very Poor

____________________ Instructor	______________ Rating
____________________ Instructor	______________ Rating
____________________ Instructor	______________ Rating

H. General Comments on Audio-Visual Aids:

____
____
____
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____

L Please Provide any final comments or suggestions that you feel are appropriate:

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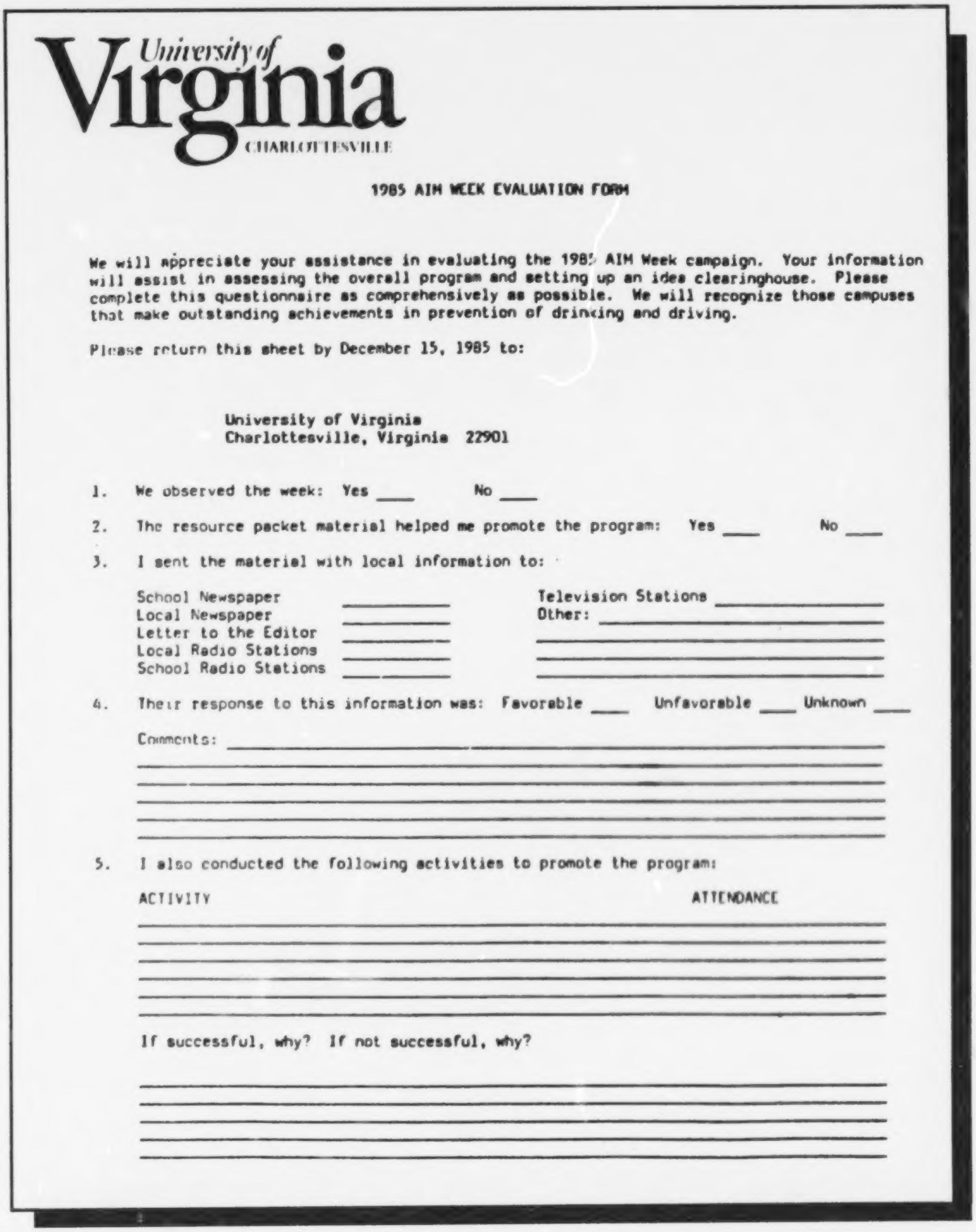

University of Virginia
CHARLOTTESVILLE

1985 AIM WEEK EVALUATION FORM

We will appreciate your assistance in evaluating the 1985 AIM Week campaign. Your information will assist in assessing the overall program and setting up an idea clearinghouse. Please complete this questionnaire as comprehensively as possible. We will recognize those campuses that make outstanding achievements in prevention of drinking and driving.

Please return this sheet by December 15, 1985 to:

University of Virginia
Charlottesville, Virginia 22901

1. We observed the week: Yes ____ No ____
2. The resource packet material helped me promote the program: Yes ____ No ____
3. I sent the material with local information to:

School Newspaper ________
Local Newspaper ________
Letter to the Editor ________
Local Radio Stations ________
School Radio Stations ________

Television Stations ________
Other: ________
____
____
____

4. Their response to this information was: Favorable ____ Unfavorable ____ Unknown ____

Comments: ____
____
____
____
____
____

5. I also conducted the following activities to promote the program:

ACTIVITY ATTENDANCE
____
____
____
____
____
____

If successful, why? If not successful, why?

____
____
____
____
____

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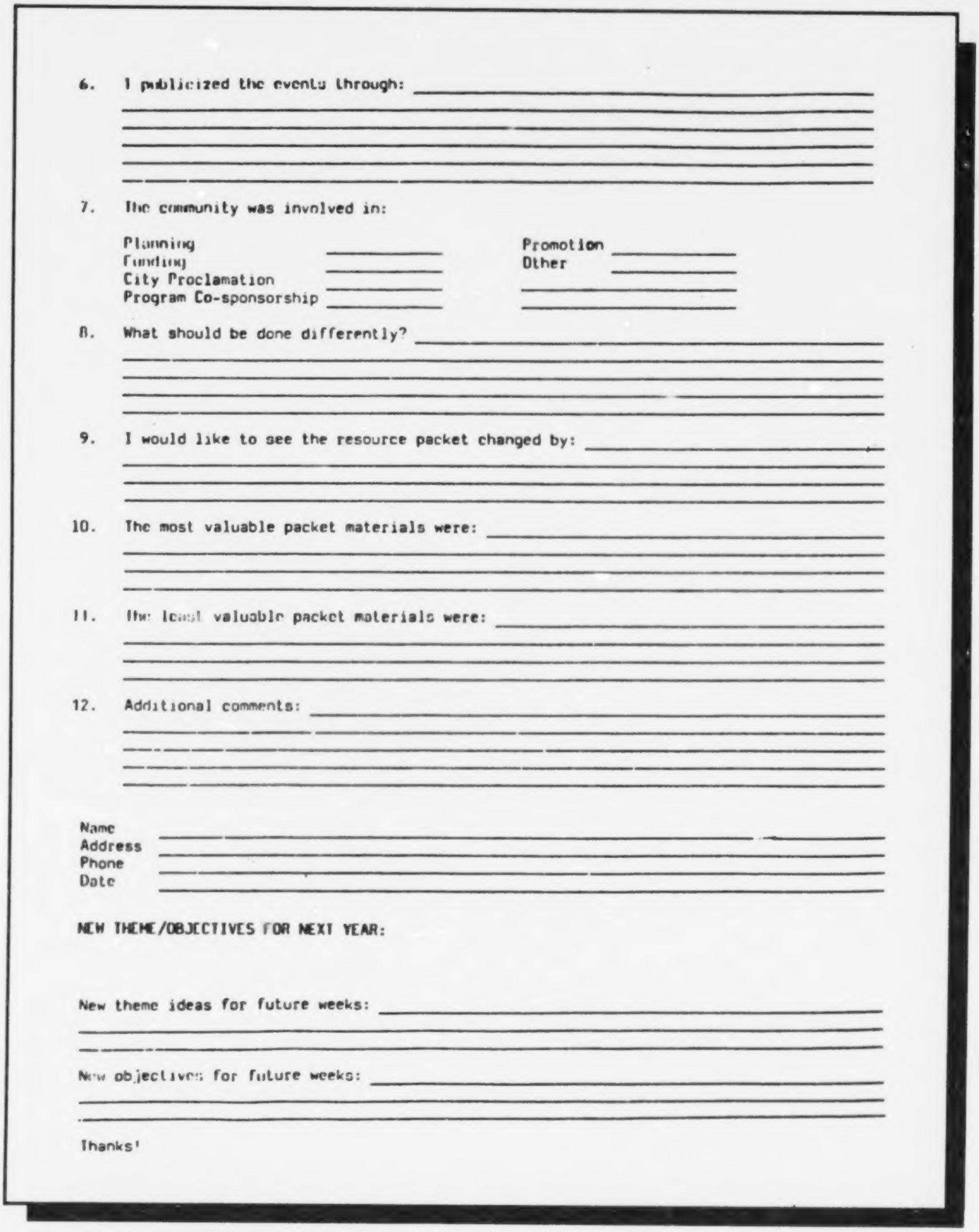

6. I publicized the events through: ____________________

7. The community was involved in:

Planning ________ Promotion ________
Funding ________ Other ________
City Proclamation ________
Program Co-sponsorship ________

8. What should be done differently? ____________________

9. I would like to see the resource packet changed by: ____________________

10. The most valuable packet materials were: ____________________

11. The least valuable packet materials were: ____________________

12. Additional comments: ____________________

Name ____________________
Address ____________________
Phone ____________________
Date ____________________

NEW THEME/OBJECTIVES FOR NEXT YEAR:

New theme ideas for future weeks: ____________________

New objectives for future weeks: ____________________

Thanks!

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Notes

Index of Chapter 4 Resources

DESIGNING CRITERIA

		Pages	
I.	**Selected Campus Criteria**	143–165	Includes: • Sample criteria of a model campus policy with examples of each criterion from a variety of campuses
II.	**Campus Guidelines and Training Programs**	165-170	Includes: • Sample policy on alcoholism for faculty, academic staff and classified employees • Sample outline of policy orientation workshop for student leaders and event planners • Sample procedures for legal age identification by administrators
III.	**Policy-Related Posters**	171–176	Includes: • Sample posters on drunk driving laws and campus policies regarding alcohol consumption

SELECTED CAMPUS CRITERIA

This section uses the Inter-Association Task Force Model Campus Alcohol Policy as the framework for presenting a variety of campus standards. The standards are drawn from publications of numerous universities to illustrate some ways in which the Task Force Guidelines can be implemented. The Model Campus Alcohol Policy is replicated here as distinct "Task Force Criteria," separated by item number and followed by some specific campus standards.

CAVEAT TO ALL READERS

Neither the use of this Model Campus Alcohol Policy, nor the specific sample standards included herein, should be interpreted as endorsements by NHTSA or the Hazelden Foundation. The examples are included to demonstrate some alternative ways in which the Task Force Criteria can be addressed. In addition, state and local laws may have been changed since these sample criteria were developed by the campuses. This is particularly true for the legal age for the consumption or public possession of alcoholic beverages. Campus criteria reflected here may also have been altered.

Careful planning on the campus is essential; no two campuses will have the same set of criteria. An individual campus must develop its own criteria based on its history, local and state laws, goals, and unique needs. What is included here, and what is included in the Model Campus Alcohol Policy, may not be sufficient under state law to adequately protect an institution from liability. This section should be used as a guide only.

* *

TASK FORCE CRITERIA 1

A comprehensive campus policy should include a summary of state and city laws.

1. Drinking Age Laws: pertaining to the possession, consumption, and sale of alcoholic beverages as well as penalties for violation of such laws.

2. Regulation of Sale Laws: with special emphasis on Alcohol Beverage Control (ABC) Board requirements for special permits or licenses by groups that charge admission or dues for events involving alcoholic beverages.

3. Open Container Laws: governed by city or county ordinances or state statutes concerning the consumption of alcoholic beverages in outdoor areas or automobiles.

* * * EXAMPLES OF THIS CRITERIA * * *

COLORADO STATE UNIVERSITY

All members of the campus community (students, faculty, staff, alumni, and guests) must adhere to all applicable state and local laws and University regulations related to the sale and use of alcoholic beverages.

VIRGINIA COMMONWEALTH UNIVERSITY

In order to drink alcoholic beverages, a person must be 21 years of age or have attained the age of 19 by July 1, 1985. It is unlawful to serve or sell alcohol to persons under age.

Alcoholic beverages may not be served or sold to individuals who appear intoxicated.

No person may bring any type of alcoholic beverage into a licensed facility or area nor may any person take alcoholic beverages out of the licensed facility or area.

UNIVERSITY OF NORTH CAROLINA

University policies concerning the possession and consumption of alcoholic beverages do not contravene Federal, State, or Municipal law regarding their purchase. These policies have been drawn in accordance with local law and with regard to guidelines of the University General Administration and resolution of the BACCHUS, NASPA, ACPA, and ACUHO-I. A summary of certain sections of the North Carolina State Statutes and Local Ordinances of alcoholic use is included below:

It is unlawful for any person under 21 years of age to purchase, possess, or consume fortified wine, spirituous liquors, or mixed beverages (those containing more than 14 percent of alcohol by volume). Persons 21 years of age or older may purchase, transport, and consume alcoholic beverages containing more that 14 percent of alcohol by volume (spirituous liquors).

It is unlawful for any person to aid or abet an underage person in the purchase or attempted purchase of alcoholic beverages.

It is unlawful for any person to knowingly sell or give alcoholic beverages to an underage person.

It is unlawful for any underage person to falsify a driver's license or other identification document in order to obtain or attempt to obtain alcoholic beverages.

It is unlawful for any person to permit use of his/her driver's license or any other identification document by an underage person to purchase or attempt to purchase alcoholic beverages.

It is unlawful for any person to consume any alcoholic beverage, beer, ale, or malt beverage or unfortified wine in or on any public street, right-of-way, sidewalk, alley, or other public place within the City or on any City-owned property located inside or outside the Greensboro corporate limits.

Such unlawful acts may result in fines, imprisonment, and/or revocation of driver's license. Revocation of a driver's license can occur even though use of a vehicle is not involved in the unlawful act.

GEORGIA INTITUTE OF TECHNOLOGY

Transportation of all alcoholic beverages on campus shall be in unopened, unobservable containers.

IOWA STATE UNIVERISTY

All individuals are obligated to observe the Code of the State of Iowa and the Ames City Ordinances regarding alcoholic beverages and fire safety. The following laws are especially important:

a. It is unlawful to consume alcoholic beverages if you have not attained the legal drinking age.
b. It is unlawful to serve alcohol to an individual who has not attained the legal drinking age.
c. It is unlawful to serve alcohol to a person who is intoxicated.
d. It is unlawful to sell alcoholic beverages without a permit.
e. The number of persons in attendance should not exceed established fire safety limits.

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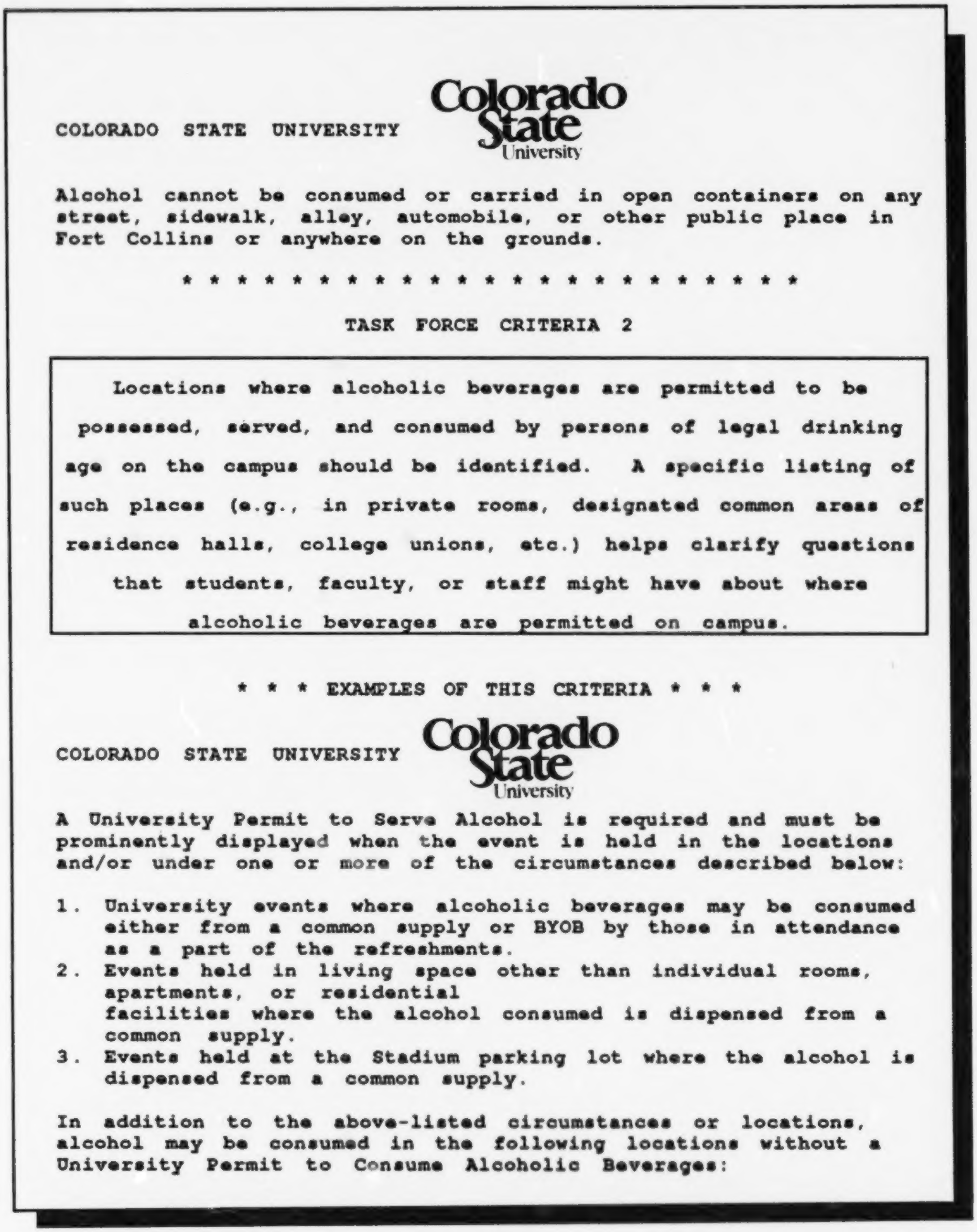

COLORADO STATE UNIVERSITY

Alcohol cannot be consumed or carried in open containers on any street, sidewalk, alley, automobile, or other public place in Fort Collins or anywhere on the grounds.

* *

TASK FORCE CRITERIA 2

Locations where alcoholic beverages are permitted to be possessed, served, and consumed by persons of legal drinking age on the campus should be identified. A specific listing of such places (e.g., in private rooms, designated common areas of residence halls, college unions, etc.) helps clarify questions that students, faculty, or staff might have about where alcoholic beverages are permitted on campus.

* * * EXAMPLES OF THIS CRITERIA * * *

COLORADO STATE UNIVERSITY

A University Permit to Serve Alcohol is required and must be prominently displayed when the event is held in the locations and/or under one or more of the circumstances described below:

1. University events where alcoholic beverages may be consumed either from a common supply or BYOB by those in attendance as a part of the refreshments.
2. Events held in living space other than individual rooms, apartments, or residential facilities where the alcohol consumed is dispensed from a common supply.
3. Events held at the Stadium parking lot where the alcohol is dispensed from a common supply.

In addition to the above-listed circumstances or locations, alcohol may be consumed in the following locations without a University Permit to Consume Alcoholic Beverages:

1. Individual rooms or apartments owned by the University and in sorority and fraternity houses if the event is for members only.
2. The Ramskeller, Towers Tap, Rambouillet, and Stadium, consistent with licenses issued by the State Department of Revenue and University policies.
3. In residential facilities or living space other than individual rooms or apartments or at the Stadium parking lot where the alcohol is (a) not dispensed from a common supply, (b) not at a University event, and (c) not furnished by a University-related organization.

WEST VIRGINIA UNIVERSITY

West Virginia University

All parties (including, but not limited to, diners, formals, and dances to be held on property outside the Morgantown city limits), must receive prior approval of the organization's faculty, staff, or chapter advisor.

RUTGERS UNIVERSITY

THE STATE UNIVERSITY OF NEW JERSEY
RUTGERS

No faculty member or member of the staff may serve alcoholic beverages on the University campus to persons under age. While the faculty office is a private space in some respects, it is not a private space with respect to the serving of alcohol to minors.

Alcohol may not be served in the residence halls until appropriate guidelines for alcohol use have been developed by the residents and been determined to be consistent with general University policy by a designated official.

Alcohol in any form will be prohibited within the athletic facilities of Rutgers University. The athletic facilities are defined as "the inside environs of the Athletic Center, the various gymnasia, and the Stadium."

ST. OLAF COLLEGE

The possession or consumption of alcoholic beverages is prohibited on campus, in college-owned student houses, and at college sponsored functions. Anyone intoxicated or otherwise violating college policy regarding alcoholic beverages may be subject to disciplinary action.

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This policy exists out of concern related to the use and abuse of alcohol and other drugs in our present society, the particular age group involved, and the combined living - studying campus setting. The St. Olaf community encourages student-initiated alternatives to chemical use.

* *

TASK FORCE CRITERIA 3

Locations where alcoholic beverages are permitted to be sold as opposed to merely served on campus (e.g., faculty lounge, college union, pub, etc.) should be delineated clearly.

*** * * EXAMPLES OF THIS CRITERIA * * ***

COLORADO STATE UNIVERSITY

The sale of alcoholic beverages is prohibited except in areas at times and on dates licensed by the State Department of Revenue.

* *

TASK FORCE CRITERIA 4

Guidelines for public and private social events that involve alcoholic beverages within the institution's jurisdiction should be established. An event that is open to the public (i.e., where admission is charged or public announcement is made) should be registered with the appropriate campus office before the event.

* * * EXAMPLES OF THIS CRITERIA * * *

GEORGIA INSTITUTE OF TECHNOLOGY:

All student organizations planning to serve alcohol at any function must have approval from the Dean of Students Department at least one week prior to the event. All sections of the appropriate Alcohol Beverage Form must be completed. The individual(s) responsible for the event will sign the statement indicating an understanding of state laws regarding appropriate service of alcoholic beverages, legal liabilities for irresponsible service, and the care of an intoxicated person.

WEST VIRGINIA UNIVERSITY:

All parties must be registered by submitting an organization party report with the Student Activities and Educational Programming Office by 5:00 PM on the Wednesday preceding the day the party is to be held.

COLORADO STATE UNIVERSITY:

Approval for an alcohol permit will be granted only for events where there is some method of determining who will be attending. A limited number of written invitations or printed tickets to the event is one way to establish attendance. In many instances, a verbal invitation for the membership will be acceptable. If events are to be advertised through the use of such methods as flyers, posters, or newspaper ads, all advertising must comply with the Guidelines for Advertising Alcohol-Related University Events. Copies or sketches of all proposed advertisements must accompany the Request for Permit to Serve Alcohol.

IOWA STATE UNIVERSITY:

Alcohol should be used in ways that harm neither the individual nor the community.

Alcohol is not to be used in ways that demean or degrade individuals.

* *

TASK FORCE CRITERIA 4a

If the function includes the sale of alcoholic beverages, a permit should be obtained from the appropriate state office or ABC Board.

* * * EXAMPLES OF THIS CRITERIA * * *

UNIVERSITY OF MASSACHUSETTS:

No person, group or organization may sell alcoholic beverages except pursuant to a license granted by the Commonwealth through the local government licensing authority.

VIRGINIA COMMONWEALTH UNIVERSITY:

Any function where alcoholic beverages will be consumed and money is exchanged requires an ABC Banquet License. The fee charged by the ABC Commission for this license is $15.00 per day. The ABC Banquet License must be requested at least 10 days prior t the event at the ABC Board License Division, 2701 Hermitage Road, Richmond, VA.

A Banquet License must be obtained for the following student functions:

- Any gathering where an alcoholic beverage is to be sold over the counter;
- Any gathering where tickets, which then can be exchanged for an alcoholic beverage, are sold prior to or at the event;
- Any gathering where money is collected prior to the event, an alcoholic beverage is purchased for this event, and then distributed to those contributing.
- Any gathering where "donations" are taken to help pay for the alcoholic beverage consumed.

* *

TASK FORCE CRITERIA 4b

Individuals sponsoring the event should implement precautionary measures to ensure that alcoholic beverages are not accessible or served to persons under the legal drinking age or to persons who appear intoxicated.

*** * * EXAMPLES OF THIS CRITERIA * * ***

UNIVERSITY OF NORTH CAROLINA:

- Consumption of beer and unfortified wines at University-approved functions is limited to persons 21 years of age or older, with proof of age required. (If proof of age is not provided, alcohol may not be provided or consumed.)
- Persons who are noticeably intoxicated will not be admitted to the function; or, if they become intoxicated at the function, they will not be served and may be asked to leave.
- Sponsors of social gatherings where beer and/or unfortified wine is provided shall be required to provide "bartenders" and/or appropriate dispensing stations for service of food and beverages with identification procedures for proof-of-age and limitation of quantities per person.
- "Bartenders" shall not consume alcoholic beverages or be under the influence of alcohol while tending bar; and they shall not serve anyone who appears to be intoxicated.

VIRGINIA COMMONWEALTH UNIVERSITY:

Each event shall have a designated "bar manager". The bar manager shall determine when individuals appear intoxicated and may not be served.

COLORADO STATE UNIVERSITY:

Both the chairperson of the event and of the sponsoring organization shall be responsible for compliance with applicable laws, campus regulations, and University policies.

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No person under legal drinking age or any obviously intoxicated person shall be furnished, served, or given an alcoholic beverage.

The following guidelines concern the serving and consumption of alcoholic beverages during the hours of the event:

a. The burden of proof for showing legal age is placed upon the person desiring alcohol service. No service will be provided unless clear evidence of legal age is presented.

b. You must have a system to ensure that no one who is underage is served any alcoholic beverages. The following are suggested systems:

    1. Allow only persons of legal drinking age to attend the event.
    2. Use an ink stamp to stamp the hands of all persons who are of legal drinking age.
    3. Check picture I.D.'s at the distribution center. Acceptable identification consists of a valid driver's license with photo or other I.D. issued to nondrivers by the DMV.
    4. Serve each person only one drink at a time

c. If there is a possibility that persons under legal drinking age may attend the event, personnel must be stationed at the entrance(s) to the event at all times to check the picture I.D.'s of all participants.

BROWN UNIVERSITY

Members of the faculty and staff should observe the new 21-year old drinking age law and be aware of the legal burden it puts upon them.

* *

TASK FORCE CRITERIA 4c

At social functions where alcoholic beverages are provided by the sponsoring organization, direct access should be limited to a person(s) designated as the server(s).

* * * EXAMPLES OF THIS CRITERIA * * *

See the University of North Carolina's standard which requires the use of bartenders at approved social functions (Task Force Standard 4b).

* *

TASK FORCE CRITERIA 4d

Consumption of alcoholic beverages should be permitted only within the approved area designated for the event.

* * * EXAMPLES OF THIS CRITERIA * * *

UNIVERSITY OF NORTH CAROLINA

Alcoholic beverages may not be brought in by others nor be removed for consumption elsewhere.

Alcoholic beverages will be served only in the area(s) reserved.

* *

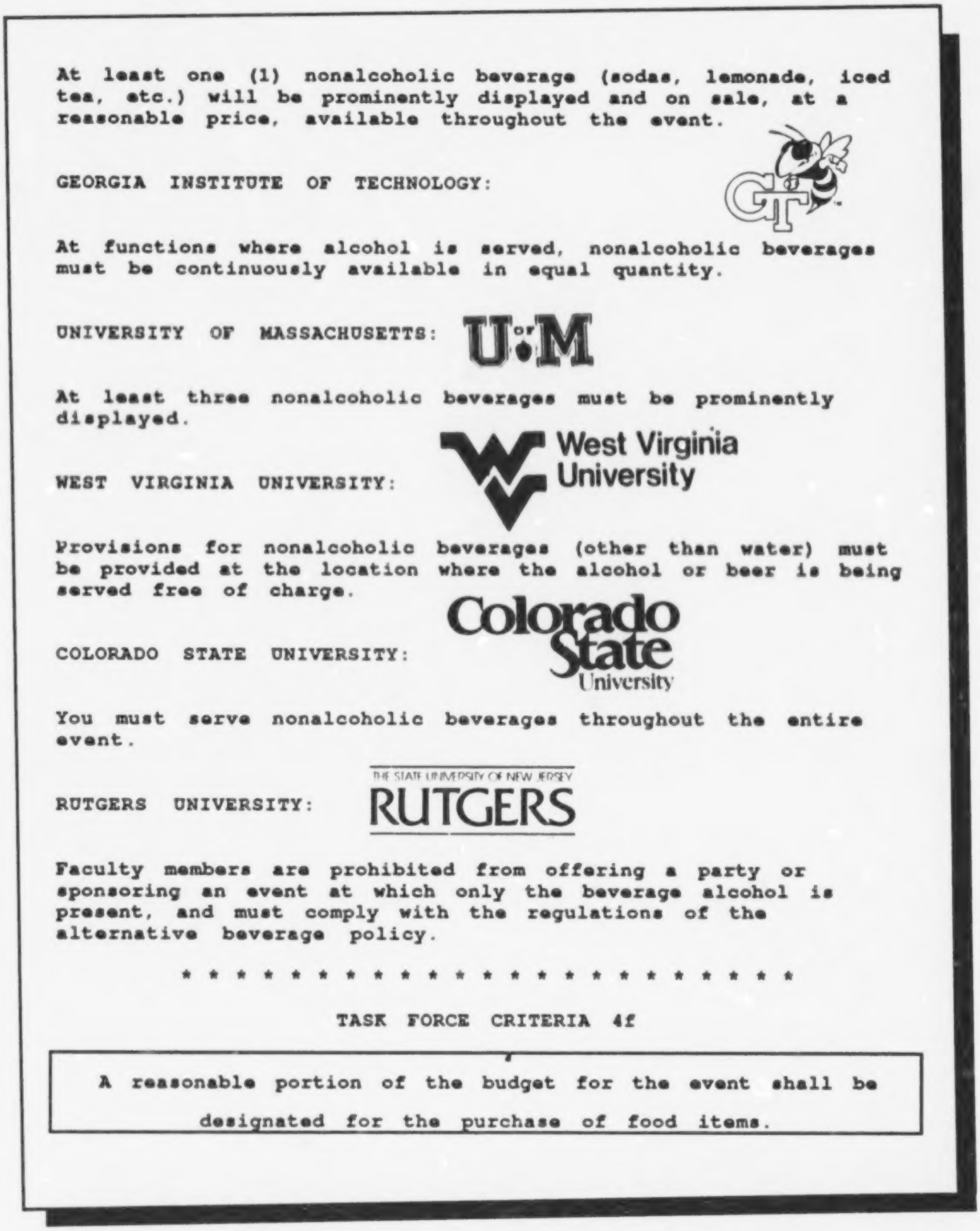
TASK FORCE CRITERIA 4e

Nonalcoholic beverages must be available at the same place as the alcoholic beverages and featured as prominently as the alcoholic beverages.

* * * EXAMPLES OF THIS CRITERIA * * *

VIRGINIA COMMONWEALTH UNIVERSITY

Sponsors are required to provide one or more alternative nonalcoholic beverage available in sufficient quantity throughout the event. If the alcoholic beverage is being sold, the alternative beverage(s) should be available at a reasonable and comparable price.



At least one (1) nonalcoholic beverage (sodas, lemonade, iced tea, etc.) will be prominently displayed and on sale, at a reasonable price, available throughout the event.

GEORGIA INSTITUTE OF TECHNOLOGY:

At functions where alcohol is served, nonalcoholic beverages must be continuously available in equal quantity.

UNIVERSITY OF MASSACHUSETTS:

At least three nonalcoholic beverages must be prominently displayed.

WEST VIRGINIA UNIVERSITY:

Provisions for nonalcoholic beverages (other than water) must be provided at the location where the alcohol or beer is being served free of charge.

COLORADO STATE UNIVERSITY:

You must serve nonalcoholic beverages throughout the entire event.

RUTGERS UNIVERSITY:

Faculty members are prohibited from offering a party or sponsoring an event at which only the beverage alcohol is present, and must comply with the regulations of the alternative beverage policy.

* *

TASK FORCE CRITERIA 4f

A reasonable portion of the budget for the event shall be designated for the purchase of food items.

* * * EXAMPLES OF THIS CRITERIA * * *

UNIVERSITY OF NORTH CAROLINA:

Alcoholic beverage expenditures shall not exceed the value of food and nonalcoholic beverage costs.

COLORADO STATE UNIVERSITY:

The market value of the food and nonalcoholic beverages will be equal to at least 50% of the cost for the alcohol. (Example: If you spend $90 for three kegs of beer, you need to spend at least $45 for food and alternate beverages.) Such food and nonalcoholic beverages must be available throughout the entire event.

GEORGIA INSTITUTE OF TECHNOLOGY:

Food must also be available in appropriate quantities.

* *

TASK FORCE CRITERIA 4g

No social event shall include any form of 'drinking contest' in its activities or promotion.

* * * EXAMPLES OF THIS CRITERIA * * *

BROWN UNIVERSITY:

At all social events where alcohol is served, nonalcoholic beverages must be provided by the sponsor of the event in adequate proportion to the alcoholic beverages on hand. No one should be coerced, even subtly, to drink or to overindulge. Persons who provide alcoholic beverages to guests bear a responsibility to see that alcohol is not consumed in excess.

COLORADO STATE UNIVERSITY:

Service and/or consumption of alcoholic beverages is to be complementary to the event, and under no circumstances should an event have consumption of alcohol as its primary focus.

IOWA STATE UNIVERSITY:

Drinking activities which are potentially dangerous (such as "chugging" of alcoholic beverages, competitive drinking activities, and activities that employ peer pressure to force participants to consume alcohol) are prohibited.

GEORGIA INSTITUTE OF TECHNOLOGY:

Drinking "games" or any activity which contributes to alcoholic overindulgence or abuse are prohibited.

* *

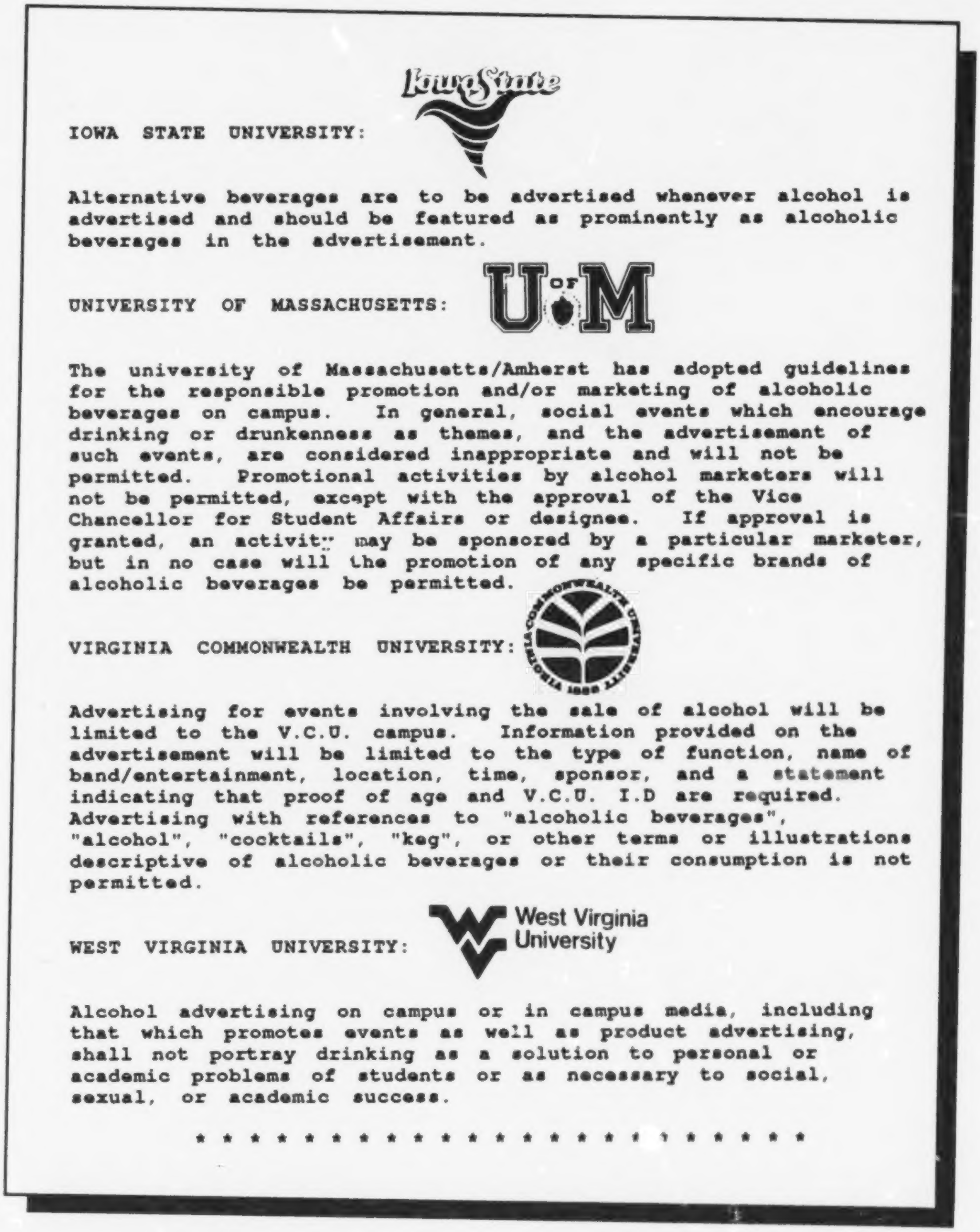
TASK FORCE CRITERIA 4h

Advertisements for any university event where alcoholic beverages are served shall mention the availability of nonalcoholic beverages as prominently as alcohol. Alcohol should not be used as an inducement to participate in a campus event.

* * * EXAMPLES OF THIS CRITERIA * * *

BROWN UNIVERSITY:

Social events which encourage drinking or drunkenness as themes, and the advertisement of such events are considered inappropriate and will not be permitted.



IOWA STATE UNIVERSITY:

Alternative beverages are to be advertised whenever alcohol is advertised and should be featured as prominently as alcoholic beverages in the advertisement.

UNIVERSITY OF MASSACHUSETTS:

The university of Massachusetts/Amherst has adopted guidelines for the responsible promotion and/or marketing of alcoholic beverages on campus. In general, social events which encourage drinking or drunkenness as themes, and the advertisement of such events, are considered inappropriate and will not be permitted. Promotional activities by alcohol marketers will not be permitted, except with the approval of the Vice Chancellor for Student Affairs or designee. If approval is granted, an activity may be sponsored by a particular marketer, but in no case will the promotion of any specific brands of alcoholic beverages be permitted.

VIRGINIA COMMONWEALTH UNIVERSITY:

Advertising for events involving the sale of alcohol will be limited to the V.C.U. campus. Information provided on the advertisement will be limited to the type of function, name of band/entertainment, location, time, sponsor, and a statement indicating that proof of age and V.C.U. I.D are required. Advertising with references to "alcoholic beverages", "alcohol", "cocktails", "keg", or other terms or illustrations descriptive of alcoholic beverages or their consumption is not permitted.

WEST VIRGINIA UNIVERSITY:

Alcohol advertising on campus or in campus media, including that which promotes events as well as product advertising, shall not portray drinking as a solution to personal or academic problems of students or as necessary to social, sexual, or academic success.

* * *

TASK FORCE CRITERIA 4i

Promotional materials, including advertising for any university event, shall not make reference to the amount of alcoholic beverages (such as the number of beer kegs) available.

*** * * EXAMPLES OF THIS CRITERIA * * ***

Only one example specifically addresses this task force standard, although it is implied in regulations included under Task Force Standard 4h.

IOWA STATE UNIVERSITY:

Advertising which specifies or emphasizes the quantity of alcohol to be served is prohibited.

* *

TASK FORCE CRITERIA 4j

Institutionally approved security personnel shall be present at all time during the event.

*** * * EXAMPLES OF THIS CRITERIA * * ***

COLORADO STATE UNIVERSITY:

Have security officers, staff and responsible persons mingling through the crowd to watch for underage (unstamped) persons who are consuming alcohol.

If the event is held in the Student Center or in any residence hall, you may be required to hire officers from the Special Services Unit of the CSU Police Department.

VIRGINIA COMMONWEALTH UNIVERSITY:

Sponsors of events are required to provide security (at their own expense) and arrange for the use of the facilities with the Director of Student Activities/University Student Commons. The Director or designee will arrange adequate security coverage with the Chief of Law Enforcement Services.

* *

TASK FORCE CRITERIA 5

A specific statement concerning the use or nonuse of alcoholic beverages at membership recruitment functions (e.g., fraternity/sorority rush, departmental clubs, and special interest groups) should be explicitly and officially distributed to the appropriate organizations.

* * * EXAMPLES OF THIS CRITERIA * * *

IOWA STATE UNIVERSITY:

No alcohol is to be served at formal rush activities.

RUTGERS UNIVERSITY:

The fraternity/sorority rush period must not have alcohol as its central feature and must not emphasize alcohol. Capacity to consume alcohol, interest in drinking alcohol, or behavior after drinking may not be a factor in the determination of whether someone who is rushing will be a suitable member of the organization.

* *

TASK FORCE CRITERIA 6

A specific statement concerning the use or nonuse of alcoholic beverages in athletic facilities or at athletic events, effectively communicated, should apply equally to student, faculty, staff, alumni and others attending the event.

* * * EXAMPLES OF THIS CRITERIA * * *

This does not appear as a task force standard in the materials reviewed. It actually appears to be an administrative function.

* *

TASK FORCE CRITERIA 7

Guidelines for any marketing, advertising, and promotion of alcoholic beverages on campus or at campus events involving alcohol should be stated and officially disseminated to the appropriate campus organization, the participating private business, and the campus newspaper and other media in which such advertising might occur.

* * * EXAMPLES OF THIS CRITERIA * * *

No specific information seems to be available, although it was partially addressed in Task Force Standard 4h. In addition, it appears to be an administrative function.

One type of guideline not already noted is highlighted by the following:

WEST VIRGINIA UNIVERSITY: West Virginia University

Advertising and other promotional campus activities shall not associate alcohol consumption with the performance of tasks that require skilled reactions such as the operation of motor vehicles or machinery.

* *

TASK FORCE CRITERIA 8

> **Procedures for adjudicating violations of the alcohol policy should be articulated. Such procedures should include an explicit statement of sanctions.**

* * * EXAMPLES OF THIS CRITERIA * * *

GEORGIA INSTITUTE OF TECHNOLOGY:

1. General Sanctions for Groups or Individuals: (a) restitution shall be made for any property damages incurred, (b) violators shall go through a shortened version of the five alcohol education modules (I.M.P.A.C.T.) developed by the Housing Department. And (c) violators will prepare, for a designated audience, an alcohol awareness program (one hour in length).
2. Sanctions for Individuals--Violator Will Be Subject To: (a) disciplinary action by the Dean of Students, (b) removal from campus residence, (c) IFC/PH/RHA sanctions (if applicable), (d) disallowance of drinking on campus, and (e) assigned reading.
3. Sanctions for Groups--Violators Will be Subject To: (a) social probation by the Dean of Students, (b) fines, (c) having their funds frozen (if applicable), (d) IFC/PH/RHA sanctions (if applicable), (e) being reported to national headquarters/offices (if applicable), (f) having their officers removed from office, and (g) disallowance of the group's drinking on or off campus.
4. Sanctions for Residence Hall Staff--Violators Will be Subject To: (a) job probation, (b) job termination, and (c) removal from residence hall system.
5. Each student is completely liable for all his/her actions at all times regardless of his/her mental or physical state, even if altered by alcoholic beverages.

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ST. OLAF COLLEGE:

"Keggers" or any comparable gathering where alcoholic beverages are served represent one of the most flagrant violations of this policy and few students believe that keggers have a place in residence halls or in other places on campus. There will be an automatic $75 minimum fine assessed against each of the sponsor(s)* or the occupant(s) of the room in which a kegger takes place. The fine may be increased and damages, if any, assessed against those students. If the same individuals are involved in a second violation of this nature, their housing assignments will be cancelled and they must find housing off-campus.

* Sponsors include individuals responsible for planning, purchasing, delivering and hosting.

RUTGERS UNIVERSITY

THE STATE UNIVERSITY OF NEW JERSEY
RUTGERS

An organization not complying with the University alcohol policy at their events will forfeit its right to any fee support from the University.

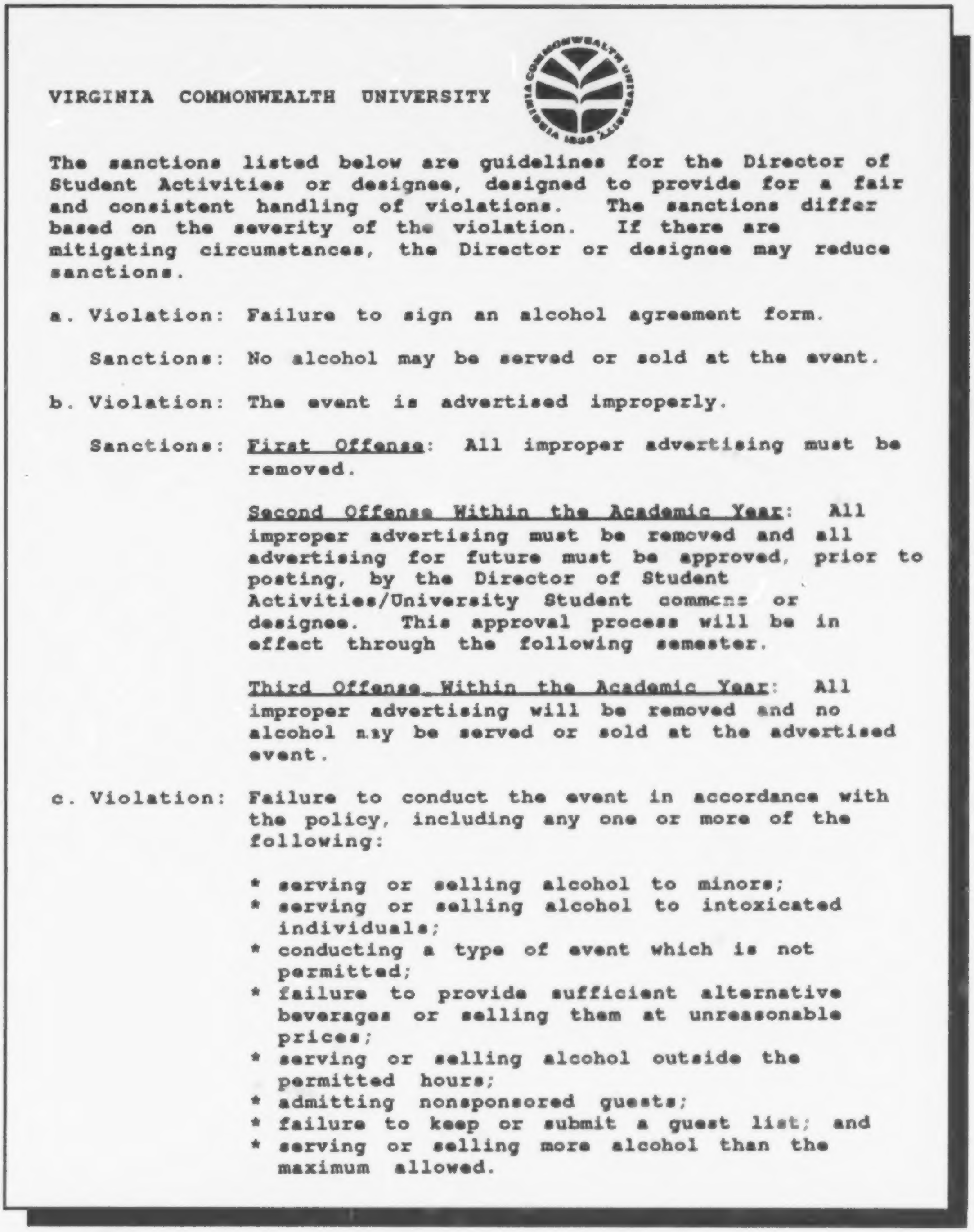
UNIVERSITY OF MASSACHUSETTS:

U OF M

Damage to or destruction of property, or injury to person(s) which is caused by or can be shown to be related to the consumption of alcohol will be subject to disciplinary action. The association of alcohol with problem behavior shall not be seen as a mitigating factor in the disciplinary process.

In addition to the criminal penalties for wrongful handling and use of alcoholic beverages, individuals who furnish or sell alcoholic beverages to minors or to persons who are intoxicated may be liable to such persons whom alcohol was furnished or sold. This could result in a civil lawsuit.

The sponsoring organizations of social events must abide by established procedures and standards as outlined in this policy. Failure to do so may result in action under existing campus rules and regulations as may be amended from time to time and/or loss of campus recognition of the organization, except where state law supercedes this action.



VIRGINIA COMMONWEALTH UNIVERSITY

The sanctions listed below are guidelines for the Director of Student Activities or designee, designed to provide for a fair and consistent handling of violations. The sanctions differ based on the severity of the violation. If there are mitigating circumstances, the Director or designee may reduce sanctions.

a. Violation: Failure to sign an alcohol agreement form.

Sanctions: No alcohol may be served or sold at the event.

b. Violation: The event is advertised improperly.

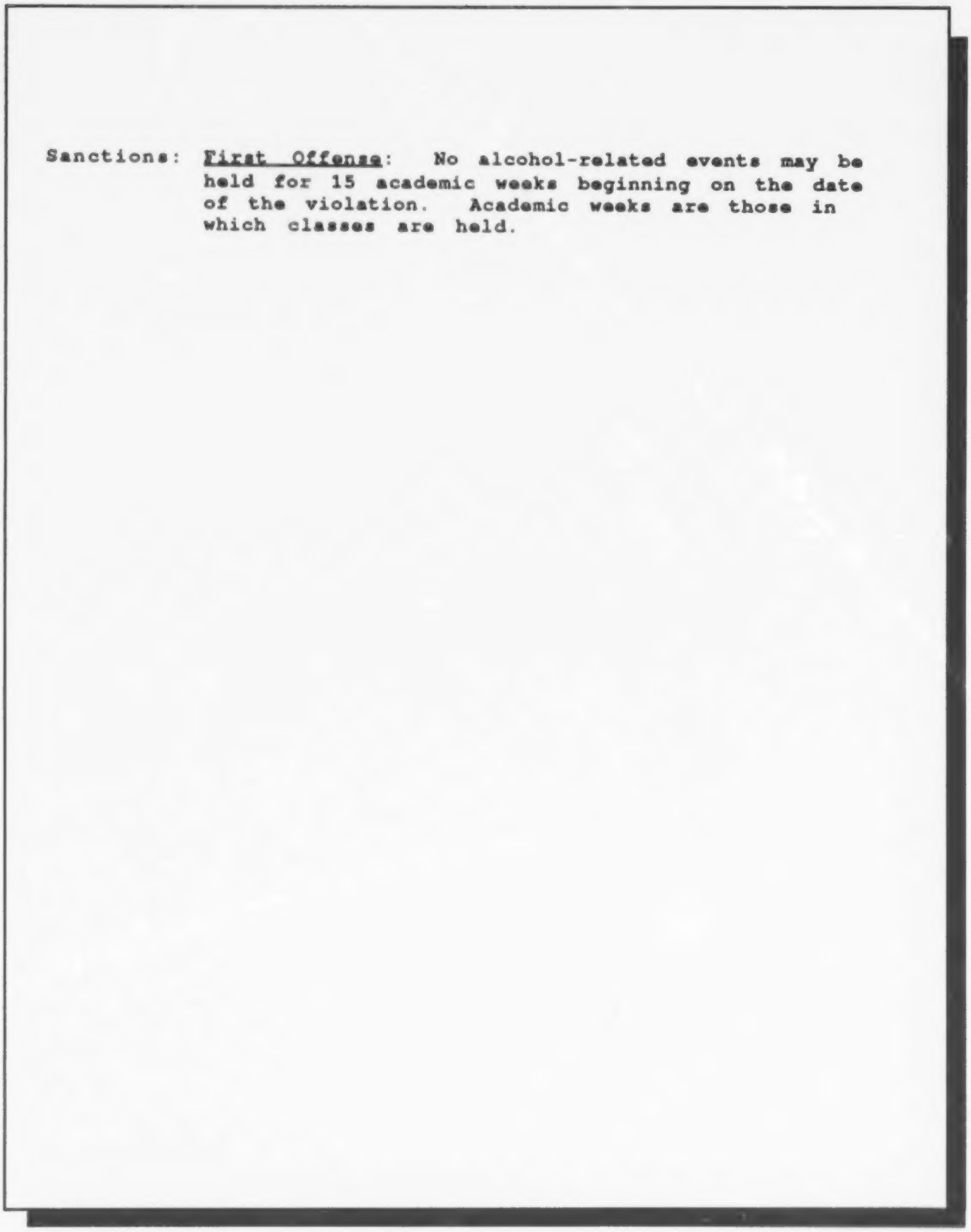
Sanctions: First Offense: All improper advertising must be removed.

Second Offense Within the Academic Year: All improper advertising must be removed and all advertising for future must be approved, prior to posting, by the Director of Student Activities/University Student commons or designee. This approval process will be in effect through the following semester.

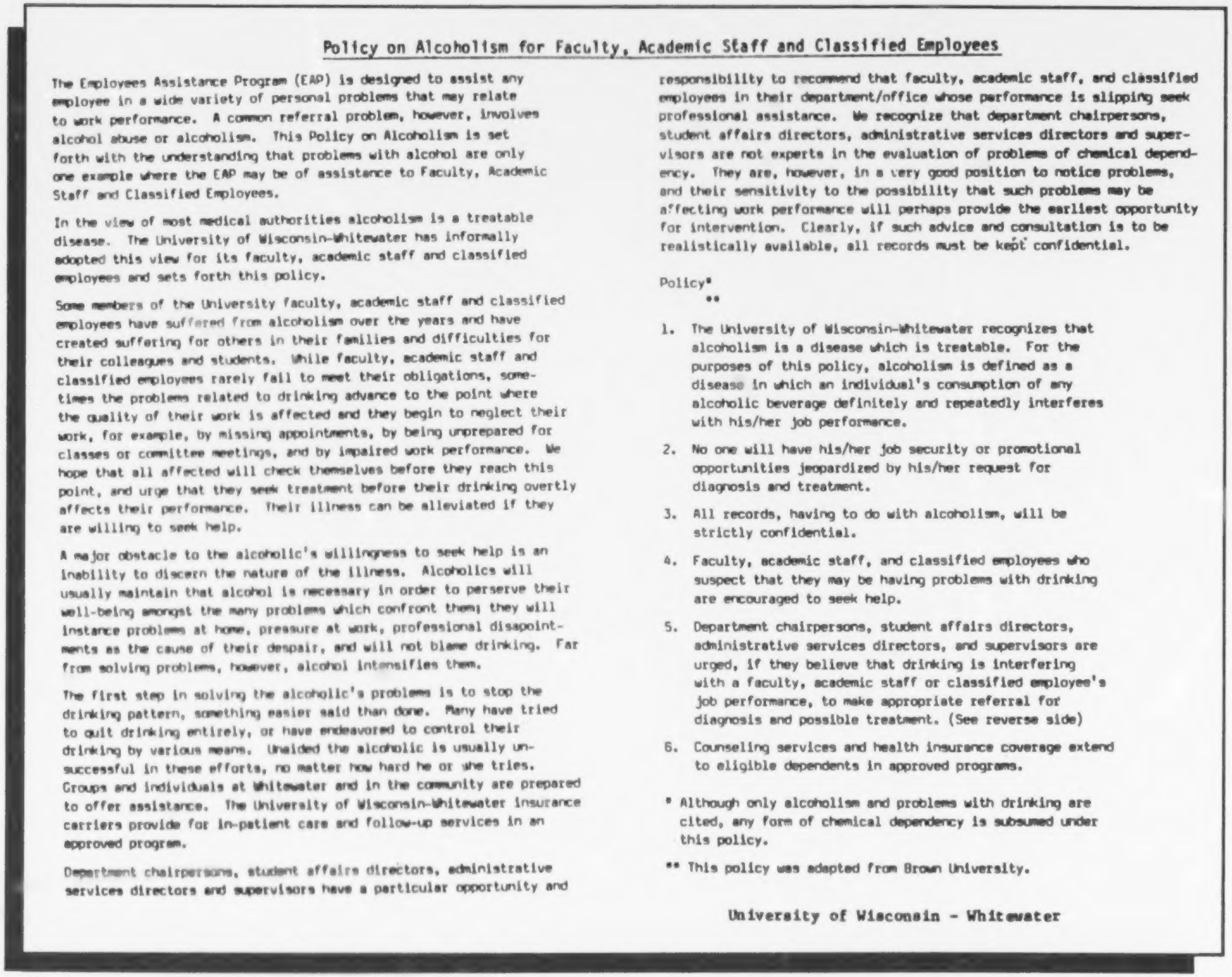
Third Offense Within the Academic Year: All improper advertising will be removed and no alcohol may be served or sold at the advertised event.

c. Violation: Failure to conduct the event in accordance with the policy, including any one or more of the following:

- serving or selling alcohol to minors;
- serving or selling alcohol to intoxicated individuals;
- conducting a type of event which is not permitted;
- failure to provide sufficient alternative beverages or selling them at unreasonable prices;
- serving or selling alcohol outside the permitted hours;
- admitting nonsponsored guests;
- failure to keep or submit a guest list; and
- serving or selling more alcohol than the maximum allowed.



Sanctions: First Offense: No alcohol-related events may be held for 15 academic weeks beginning on the date of the violation. Academic weeks are those in which classes are held.



Policy on Alcoholism for Faculty, Academic Staff and Classified Employees

The Employees Assistance Program (EAP) is designed to assist any employee in a wide variety of personal problems that may relate to work performance. A common referral problem, however, involves alcohol abuse or alcoholism. This Policy on Alcoholism is set forth with the understanding that problems with alcohol are only one example where the EAP may be of assistance to Faculty, Academic Staff and Classified Employees.

In the view of most medical authorities alcoholism is a treatable disease. The University of Wisconsin-Whitewater has informally adopted this view for its faculty, academic staff and classified employees and sets forth this policy.

Some members of the University faculty, academic staff and classified employees have suffered from alcoholism over the years and have created suffering for others in their families and difficulties for their colleagues and students. While faculty, academic staff and classified employees rarely fail to meet their obligations, sometimes the problems related to drinking advance to the point where the quality of their work is affected and they begin to neglect their work, for example, by missing appointments, by being unprepared for classes or committee meetings, and by impaired work performance. We hope that all affected will check themselves before they reach this point, and urge that they seek treatment before their drinking overtly affects their performance. Their illness can be alleviated if they are willing to seek help.

A major obstacle to the alcoholic's willingness to seek help is an inability to discern the nature of the illness. Alcoholics will usually maintain that alcohol is necessary in order to perserve their well-being amongst the many problems which confront them; they will instance problems at home, pressure at work, professional disapointments as the cause of their despair, and will not blame drinking. Far from solving problems, however, alcohol intensifies them.

The first step in solving the alcoholic's problems is to stop the drinking pattern, something easier said than done. Many have tried to quit drinking entirely, or have endeavored to control their drinking by various means. Unaided the alcoholic is usually unsuccessful in these efforts, no matter how hard he or she tries. Groups and individuals at Whitewater and in the community are prepared to offer assistance. The University of Wisconsin-Whitewater insurance carriers provide for in-patient care and follow-up services in an approved program.

Department chairpersons, student affairs directors, administrative services directors and supervisors have a particular opportunity and responsibility to recommend that faculty, academic staff, and classified employees in their department/office whose performance is slipping seek professional assistance. We recognize that department chairpersons, student affairs directors, administrative services directors and supervisors are not experts in the evaluation of problems of chemical dependency. They are, however, in a very good position to notice problems, and their sensitivity to the possibility that such problems may be affecting work performance will perhaps provide the earliest opportunity for intervention. Clearly, if such advice and consultation is to be realistically available, all records must be kept confidential.

Policy*
**

1. The University of Wisconsin-Whitewater recognizes that alcoholism is a disease which is treatable. For the purposes of this policy, alcoholism is defined as a disease in which an individual's consumption of any alcoholic beverage definitely and repeatedly interferes with his/her job performance.
2. No one will have his/her job security or promotional opportunities jeopardized by his/her request for diagnosis and treatment.
3. All records, having to do with alcoholism, will be strictly confidential.
4. Faculty, academic staff, and classified employees who suspect that they may be having problems with drinking are encouraged to seek help.
5. Department chairpersons, student affairs directors, administrative services directors, and supervisors are urged, if they believe that drinking is interfering with a faculty, academic staff or classified employee's job performance, to make appropriate referral for diagnosis and possible treatment. (See reverse side)
6. Counseling services and health insurance coverage extend to eligible dependents in approved programs.

* Although only alcoholism and problems with drinking are cited, any form of chemical dependency is subsumed under this policy.

** This policy was adapted from Brown University.

University of Wisconsin - Whitewater

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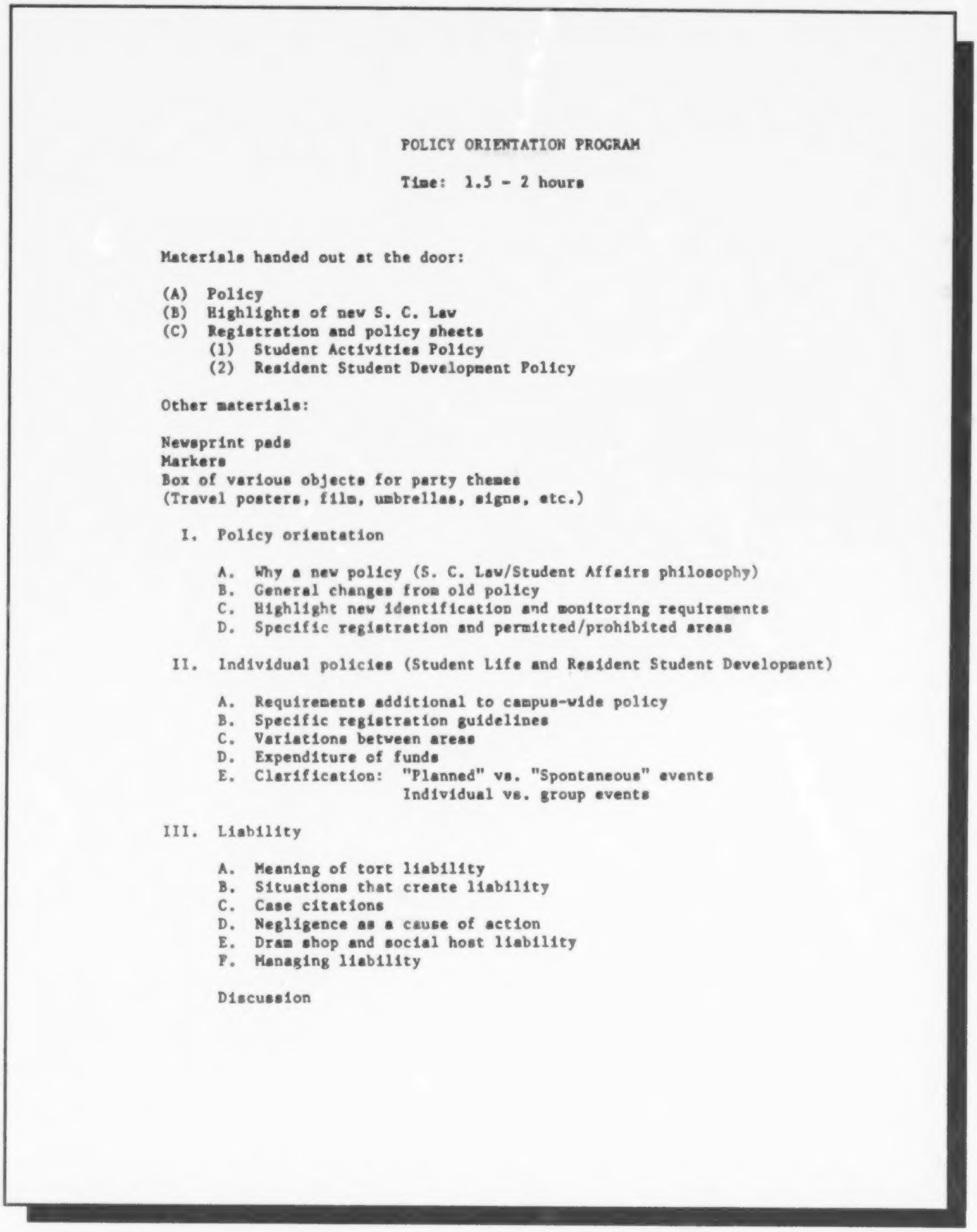


POLICY ORIENTATION PROGRAM

Time: 1.5 - 2 hours

Materials handed out at the door:

(A) Policy
(B) Highlights of new S. C. Law
(C) Registration and policy sheets
    (1) Student Activities Policy
    (2) Resident Student Development Policy

Other materials:

Newsprint pads
Markers
Box of various objects for party themes
(Travel posters, film, umbrellas, signs, etc.)

I. Policy orientation

- A. Why a new policy (S. C. Law/Student Affairs philosophy)
- B. General changes from old policy
- C. Highlight new identification and monitoring requirements
- D. Specific registration and permitted/prohibited areas

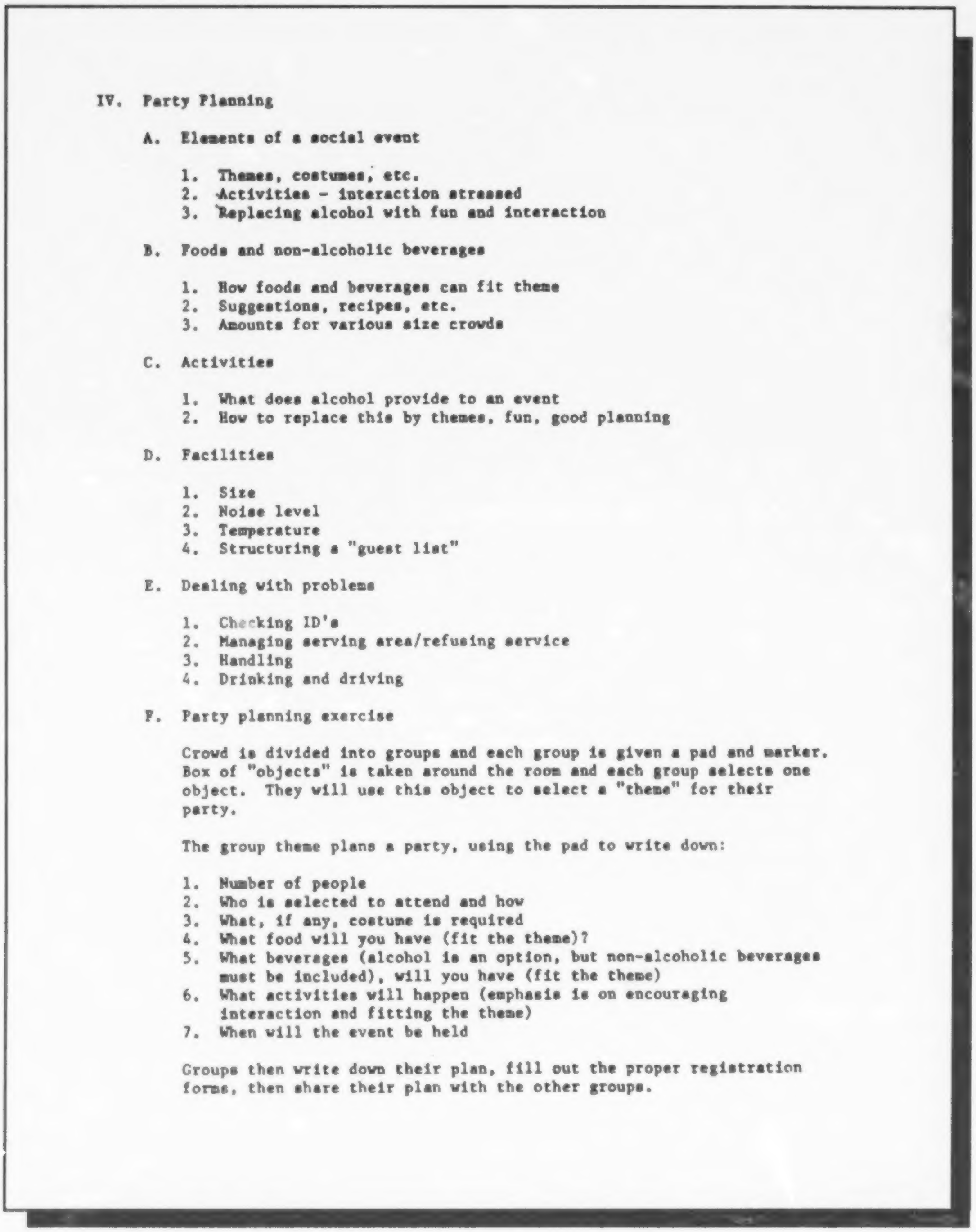
II. Individual policies (Student Life and Resident Student Development)

- A. Requirements additional to campus-wide policy
- B. Specific registration guidelines
- C. Variations between areas
- D. Expenditure of funds
- E. Clarification: "Planned" vs. "Spontaneous" events
  Individual vs. group events

III. Liability

- A. Meaning of tort liability
- B. Situations that create liability
- C. Case citations
- D. Negligence as a cause of action
- E. Dram shop and social host liability
- F. Managing liability

Discussion



IV. Party Planning

A. Elements of a social event

1. Themes, costumes, etc.
2. Activities - interaction stressed
3. Replacing alcohol with fun and interaction

B. Foods and non-alcoholic beverages

1. How foods and beverages can fit theme
2. Suggestions, recipes, etc.
3. Amounts for various size crowds

C. Activities

1. What does alcohol provide to an event
2. How to replace this by themes, fun, good planning

D. Facilities

1. Size
2. Noise level
3. Temperature
4. Structuring a "guest list"

E. Dealing with problems

1. Checking ID's
2. Managing serving area/refusing service
3. Handling
4. Drinking and driving

F. Party planning exercise

Crowd is divided into groups and each group is given a pad and marker. Box of "objects" is taken around the room and each group selects one object. They will use this object to select a "theme" for their party.

The group theme plans a party, using the pad to write down:

1. Number of people
2. Who is selected to attend and how
3. What, if any, costume is required
4. What food will you have (fit the theme)?
5. What beverages (alcohol is an option, but non-alcoholic beverages must be included), will you have (fit the theme)
6. What activities will happen (emphasis is on encouraging interaction and fitting the theme)
7. When will the event be held

Groups then write down their plan, fill out the proper registration forms, then share their plan with the other groups.

Notes on exercise:

1. Present party planning as a fun activity in itself.
2. Give them no budget limitations for the exercise.
3. Check each groups' registration for correctness.
4. Allow time for the crowd to critique each idea.
5. Don't give them an option to not participate in exercise. The University requires correct registration forms and foods and beverages when alcohol is served.

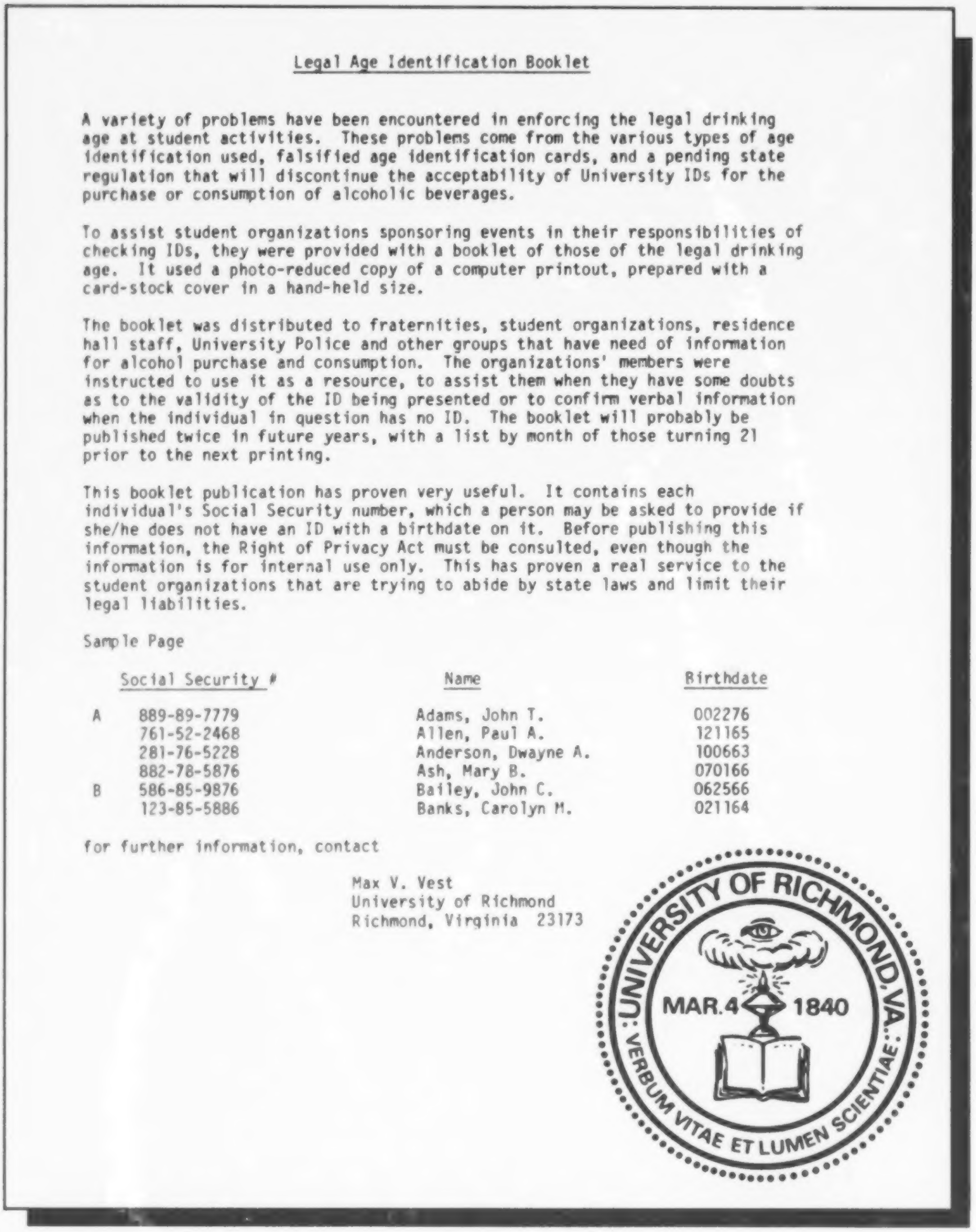
Play music and interact during the exercise.

Time: ± 1 hour

Additional program notes:

Encourage questions and discussion.
Make sure students know who processes registrations.
Make students aware of informational resources.
Have them sign the attendance role as they leave.

THE UNIVERSITY
OF SOUTH CAROLINA



Legal Age Identification Booklet

A variety of problems have been encountered in enforcing the legal drinking age at student activities. These problems come from the various types of age identification used, falsified age identification cards, and a pending state regulation that will discontinue the acceptability of University IDs for the purchase or consumption of alcoholic beverages.

To assist student organizations sponsoring events in their responsibilities of checking IDs, they were provided with a booklet of those of the legal drinking age. It used a photo-reduced copy of a computer printout, prepared with a card-stock cover in a hand-held size.

The booklet was distributed to fraternities, student organizations, residence hall staff, University Police and other groups that have need of information for alcohol purchase and consumption. The organizations' members were instructed to use it as a resource, to assist them when they have some doubts as to the validity of the ID being presented or to confirm verbal information when the individual in question has no ID. The booklet will probably be published twice in future years, with a list by month of those turning 21 prior to the next printing.

This booklet publication has proven very useful. It contains each individual's Social Security number, which a person may be asked to provide if she/he does not have an ID with a birthdate on it. Before publishing this information, the Right of Privacy Act must be consulted, even though the information is for internal use only. This has proven a real service to the student organizations that are trying to abide by state laws and limit their legal liabilities.

Sample Page

	Social Security #	Name	Birthdate
A	889-89-7779	Adams, John T.	002276
	761-52-2468	Allen, Paul A.	121165
	281-76-5228	Anderson, Dwayne A.	100663
	882-78-5876	Ash, Mary B.	070166
B	586-85-9876	Bailey, John C.	062566
	123-85-5886	Banks, Carolyn M.	021164

for further information, contact

Max V. Vest
University of Richmond
Richmond, Virginia 23173

MAR.4 1840

CAN YOU PASS THE TEST?

True False

1. The police officer's observations related to behavior, speech and coordination may all be used as evidence in court. ☐ ☐

2. If you refuse to take the Breathalyzer, your license will be automatically suspended. ☐ ☐

3. If you are charged at the scene, your license will be suspended and you must turn it over in 5 days. ☐ ☐

4. If you are found guilty of DWI — the minimum penalties are license suspension of 3-6 months, $200 fine and mandatory attendance at DWI class. ☐ ☐

5. If you are found guilty of DWI and there was a death involved, the minimum penalties are mandatory incarceration of 6 months-10 years, $500-1000 fine and 1 year license suspension. ☐ ☐

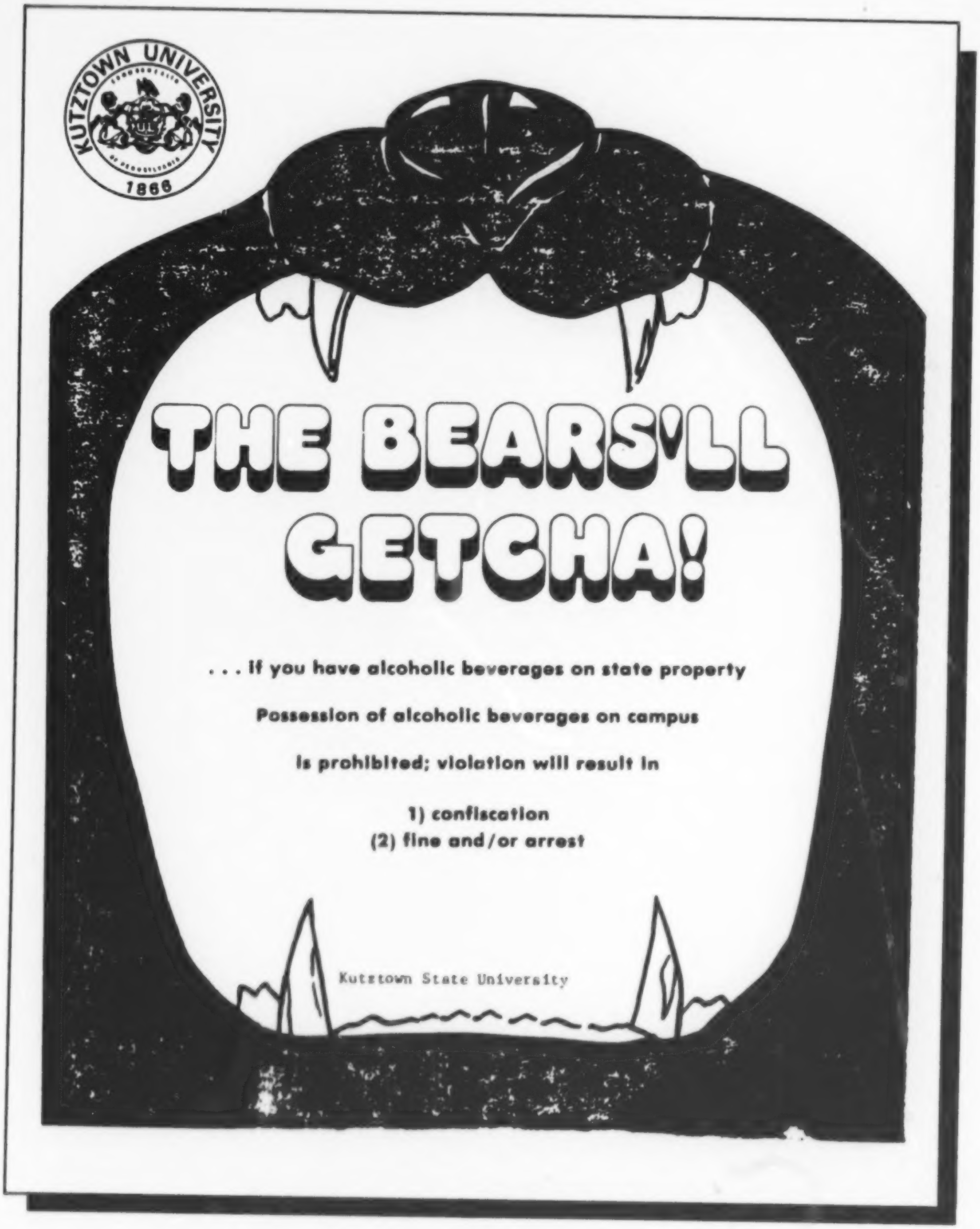
6. The presiding judge has the authority to exercise leniency. ☐ ☐

7. It won't happen to me. ☐ ☐

Answers: One - five are true. Six is false - a judge **cannot** exercise leniency. Seven - it's up to you.

Rhode Island Drunk Driving Laws

summarized from brochure
Rhode Island College
Student Life Office



THE BEARS'LL GETCHA!

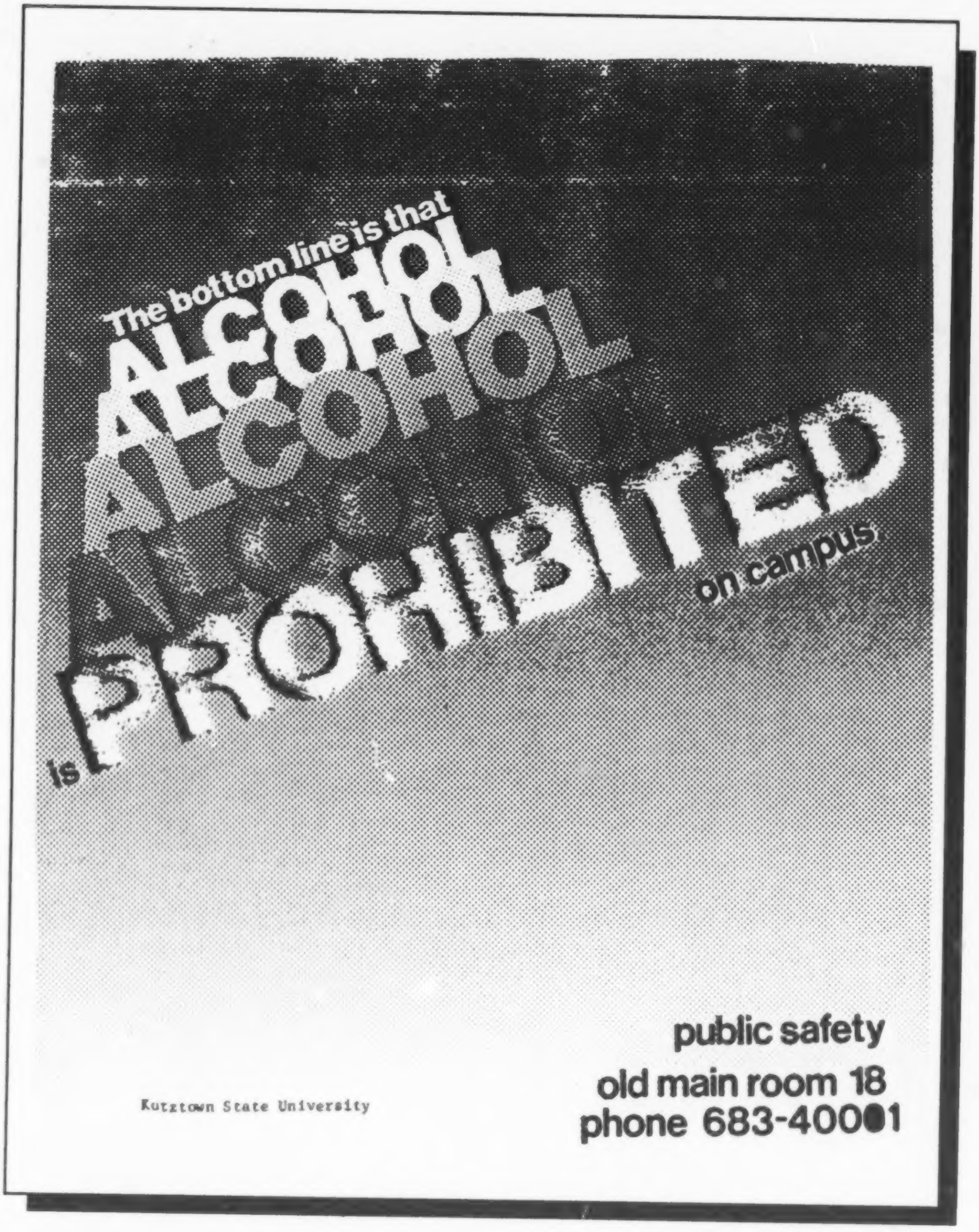
. . . if you have alcoholic beverages on state property

Possession of alcoholic beverages on campus

is prohibited; violation will result in

1) confiscation
(2) fine and/or arrest

Kutztown State University



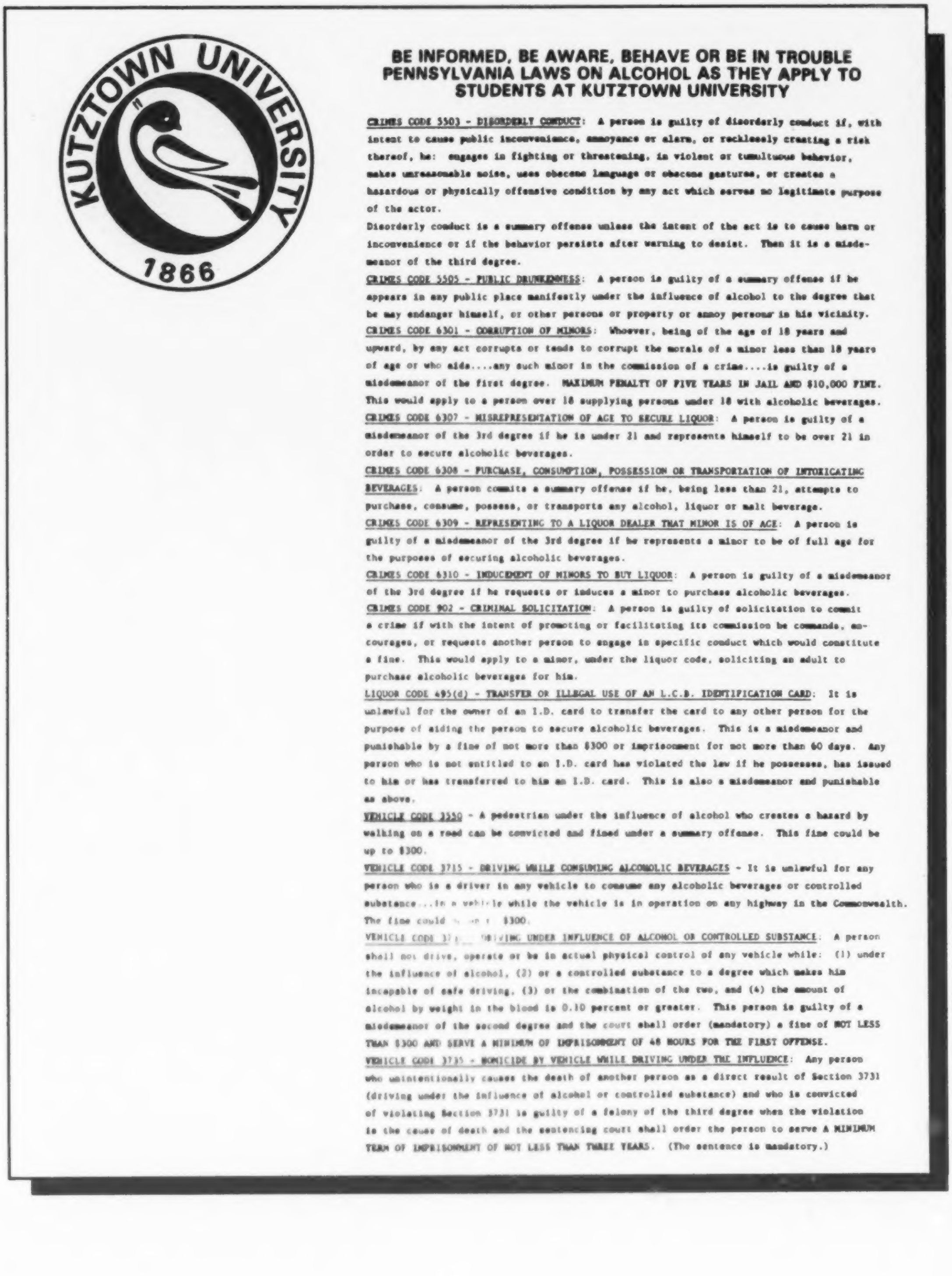
The bottom line is that

ALCOHOL
ALCOHOL
ALCOHOL

is PROHIBITED on campus

public safety
old main room 18
phone 683-40001

Kutztown State University



BE INFORMED, BE AWARE, BEHAVE OR BE IN TROUBLE PENNSYLVANIA LAWS ON ALCOHOL AS THEY APPLY TO STUDENTS AT KUTZTOWN UNIVERSITY

CRIMES CODE 5503 - DISORDERLY CONDUCT: A person is guilty of disorderly conduct if, with intent to cause public inconvenience, annoyance or alarm, or recklessly creating a risk thereof, he: engages in fighting or threatening, in violent or tumultuous behavior, makes unreasonable noise, uses obscene language or obscene gestures, or creates a hazardous or physically offensive condition by any act which serves no legitimate purpose of the actor.

Disorderly conduct is a summary offense unless the intent of the act is to cause harm or inconvenience or if the behavior persists after warning to desist. Then it is a misdemeanor of the third degree.

CRIMES CODE 5505 - PUBLIC DRUNKENNESS: A person is guilty of a summary offense if he appears in any public place manifestly under the influence of alcohol to the degree that he may endanger himself, or other persons or property or annoy persons in his vicinity.

CRIMES CODE 6301 - CORRUPTION OF MINORS: Whoever, being of the age of 18 years and upward, by any act corrupts or tends to corrupt the morals of a minor less than 18 years of age or who aids....any such minor in the commission of a crime....is guilty of a misdemeanor of the first degree. MAXIMUM PENALTY OF FIVE YEARS IN JAIL AND $10,000 FINE. This would apply to a person over 18 supplying persons under 18 with alcoholic beverages.

CRIMES CODE 6307 - MISREPRESENTATION OF AGE TO SECURE LIQUOR: A person is guilty of a misdemeanor of the 3rd degree if he is under 21 and represents himself to be over 21 in order to secure alcoholic beverages.

CRIMES CODE 6308 - PURCHASE, CONSUMPTION, POSSESSION OR TRANSPORTATION OF INTOXICATING BEVERAGES: A person commits a summary offense if he, being less than 21, attempts to purchase, consume, possess, or transports any alcohol, liquor or malt beverage.

CRIMES CODE 6309 - REPRESENTING TO A LIQUOR DEALER THAT MINOR IS OF AGE: A person is guilty of a misdemeanor of the 3rd degree if he represents a minor to be of full age for the purposes of securing alcoholic beverages.

CRIMES CODE 6310 - INDUCEMENT OF MINORS TO BUY LIQUOR: A person is guilty of a misdemeanor of the 3rd degree if he requests or induces a minor to purchase alcoholic beverages.

CRIMES CODE 902 - CRIMINAL SOLICITATION: A person is guilty of solicitation to commit a crime if with the intent of promoting or facilitating its commission he commands, encourages, or requests another person to engage in specific conduct which would constitute a fine. This would apply to a minor, under the liquor code, soliciting an adult to purchase alcoholic beverages for him.

LIQUOR CODE 495(d) - TRANSFER OR ILLEGAL USE OF AN L.C.B. IDENTIFICATION CARD: It is unlawful for the owner of an I.D. card to transfer the card to any other person for the purpose of aiding the person to secure alcoholic beverages. This is a misdemeanor and punishable by a fine of not more than $300 or imprisonment for not more than 60 days. Any person who is not entitled to an I.D. card has violated the law if he possesses, has issued to him or has transferred to him an I.D. card. This is also a misdemeanor and punishable as above.

VEHICLE CODE 3550 - A pedestrian under the influence of alcohol who creates a hazard by walking on a road can be convicted and fined under a summary offense. This fine could be up to $300.

VEHICLE CODE 3715 - DRIVING WHILE CONSUMING ALCOHOLIC BEVERAGES - It is unlawful for any person who is a driver in any vehicle to consume any alcoholic beverages or controlled substance...in a vehicle while the vehicle is in operation on any highway in the Commonwealth. The fine could be up to $300.

VEHICLE CODE 3731 - DRIVING UNDER INFLUENCE OF ALCOHOL OR CONTROLLED SUBSTANCE: A person shall not drive, operate or be in actual physical control of any vehicle while: (1) under the influence of alcohol, (2) or a controlled substance to a degree which makes him incapable of safe driving, (3) or the combination of the two, and (4) the amount of alcohol by weight in the blood is 0.10 percent or greater. This person is guilty of a misdemeanor of the second degree and the court shall order (mandatory) a fine of NOT LESS THAN $300 AND SERVE A MINIMUM OF IMPRISONMENT OF 48 HOURS FOR THE FIRST OFFENSE.

VEHICLE CODE 3735 - HOMICIDE BY VEHICLE WHILE DRIVING UNDER THE INFLUENCE: Any person who unintentionally causes the death of another person as a direct result of Section 3731 (driving under the influence of alcohol or controlled substance) and who is convicted of violating Section 3731 is guilty of a felony of the third degree when the violation is the cause of death and the sentencing court shall order the person to serve A MINIMUM TERM OF IMPRISONMENT OF NOT LESS THAN THREE YEARS. (The sentence is mandatory.)

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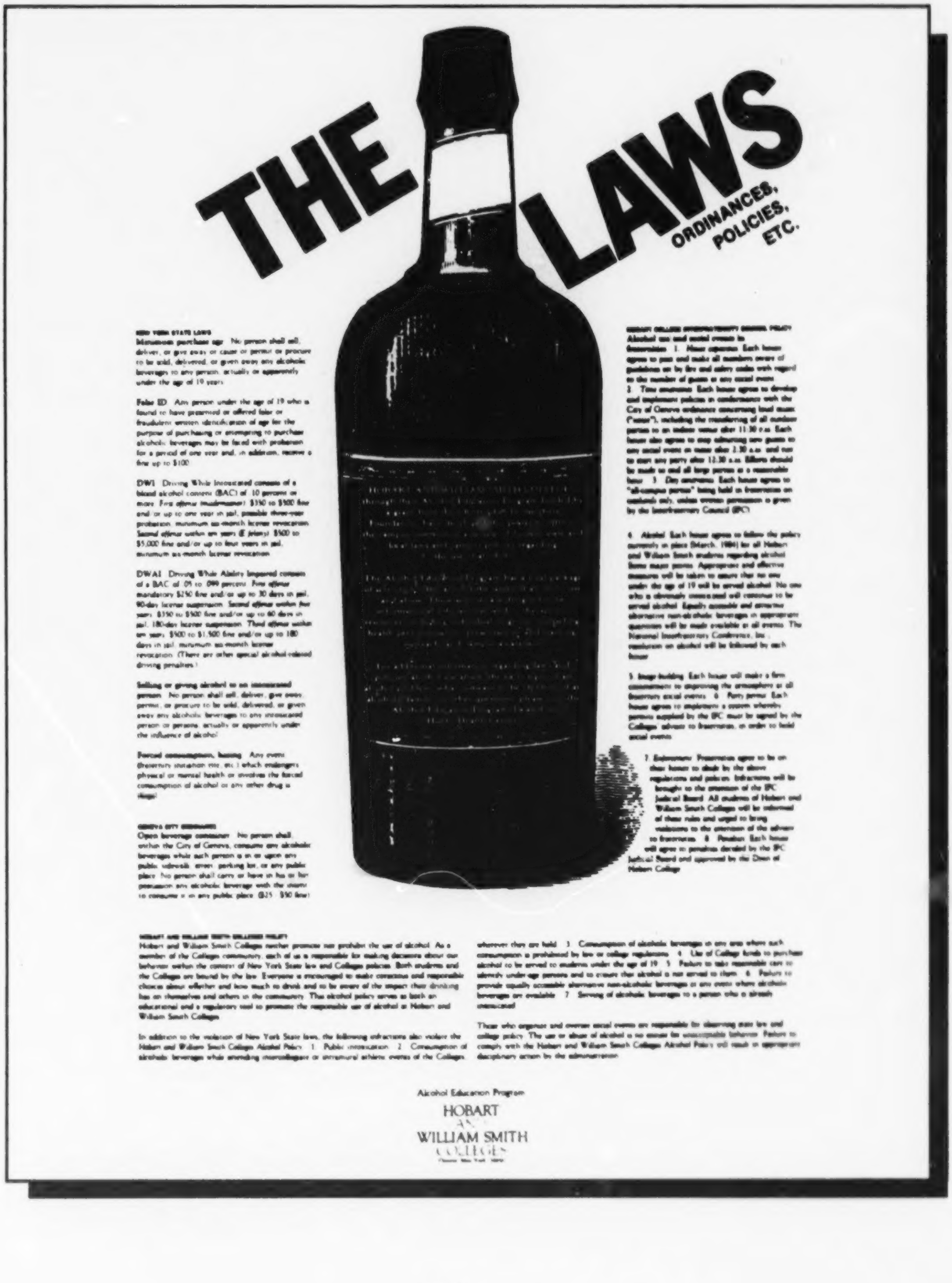

THE LAWS

ORDINANCES, POLICIES, ETC.

NEW YORK STATE LAWS

Minimum purchase age No person shall sell, deliver, or give away or cause or permit or procure to be sold, delivered, or given away any alcoholic beverages to any person, actually or apparently under the age of 19 years.

False ID Any person under the age of 19 who is found to have presented or offered false or fraudulent written identification of age for the purpose of purchasing or attempting to purchase alcoholic beverages may be faced with probation for a period of one year and, in addition, receive a fine up to $100.

DWI Driving While Intoxicated consists of a blood alcohol content (BAC) of .10 percent or more. *First offense (misdemeanor)*: $350 to $500 fine and/or up to one year in jail, possible three-year probation, minimum six-month license revocation. *Second offense within ten years (E felony)*: $500 to $5,000 fine and/or up to four years in jail, minimum six-month license revocation.

DWAI Driving While Ability Impaired consists of a BAC of .05 to .099 percent. *First offense*: mandatory $250 fine and/or up to 30 days in jail, 90-day license suspension. *Second offense within five years*: $350 to $500 fine and/or up to 60 days in jail, 180-day license suspension. *Third offense within ten years*: $500 to $1,500 fine and/or up to 180 days in jail, minimum six-month license revocation. (There are other special alcohol-related driving penalties.)

Selling or giving alcohol to an intoxicated person No person shall sell, deliver, give away, permit, or procure to be sold, delivered, or given away any alcoholic beverages to any intoxicated person or persons, actually or apparently under the influence of alcohol.

Forced consumption, hazing Any event (fraternity initiation rite, etc.) which endangers physical or mental health or involves the forced consumption of alcohol or any other drug is illegal.

GENEVA CITY ORDINANCES

Open beverage container No person shall, within the City of Geneva, consume any alcoholic beverages while such person is in or upon any public sidewalk, street, parking lot, or any public place. No person shall carry or have in his or her possession any alcoholic beverage with the intent to consume it in any public place. ($25–$50 fine)

HOBART COLLEGE INTERFRATERNITY COUNCIL POLICY

Alcohol use and social events in fraternities 1. *House capacities*: Each house agrees to post and make all members aware of guidelines set by fire and safety codes with regard to the number of guests at any social event. 2. *Time constraints*: Each house agrees to develop and implement policies in conformance with the City of Geneva ordinance concerning loud music ("noise"), including the transferring of all outdoor parties to an indoor venue after 11:30 p.m. Each house also agrees to stop admitting new guests to any social event at some time after 1:30 a.m. and not to start any party after 12:30 a.m. Efforts should be made to end all large parties at a reasonable hour. 3. *Day constraints*: Each house agrees to "all-campus parties" being held at fraternities on weekends only, unless written permission is given by the Interfraternity Council (IFC).

4. *Alcohol*: Each house agrees to follow the policy currently in place (March, 1984) for all Hobart and William Smith students regarding alcohol. Some major points: Appropriate and effective measures will be taken to assure that no one under the age of 19 will be served alcohol. No one who is obviously intoxicated will continue to be served alcohol. Equally accessible and attractive alternative non-alcoholic beverages in appropriate quantities will be made available at all events. The National Interfraternity Conference, Inc., resolution on alcohol will be followed by each house.

5. *Image-building*: Each house will make a firm commitment to improving the atmosphere at all fraternity social events. 6. *Party permit*: Each house agrees to implement a system whereby permits supplied by the IFC must be signed by the Colleges' adviser to fraternities, in order to hold social events.

7. *Enforcement*: Fraternities agree to be on their honor to abide by the above regulations and policies. Infractions will be brought to the attention of the IFC Judicial Board. All students of Hobart and William Smith Colleges will be informed of these rules and urged to bring violations to the attention of the adviser to fraternities. 8. *Penalties*: Each house will agree to penalties decided by the IFC Judicial Board and approved by the Dean of Hobart College.

HOBART AND WILLIAM SMITH COLLEGES POLICY

Hobart and William Smith Colleges neither promote nor prohibit the use of alcohol. As a member of the Colleges community, each of us is responsible for making decisions about our behavior within the context of New York State law and Colleges policies. Both students and the Colleges are bound by the law. Everyone is encouraged to make conscious and responsible choices about whether and how much to drink and to be aware of the impact their drinking has on themselves and others in the community. This alcohol policy serves as both an educational and a regulatory tool to promote the responsible use of alcohol at Hobart and William Smith Colleges.

In addition to the violation of New York State laws, the following infractions also violate the Hobart and William Smith Colleges Alcohol Policy: 1. Public intoxication. 2. Consumption of alcoholic beverages while attending intercollegiate or intramural athletic events of the Colleges wherever they are held. 3. Consumption of alcoholic beverages in any area where such consumption is prohibited by law or college regulations. 4. Use of College funds to purchase alcohol to be served to students under the age of 19. 5. Failure to take reasonable care to identify under-age persons and to ensure that alcohol is not served to them. 6. Failure to provide equally accessible alternative non-alcoholic beverages at any events where alcoholic beverages are available. 7. Serving of alcoholic beverages to a person who is already intoxicated.

Those who organize and oversee social events are responsible for observing state law and college policy. The use or abuse of alcohol is no excuse for unacceptable behavior. Failure to comply with the Hobart and William Smith Colleges Alcohol Policy will result in appropriate disciplinary action by the administration.

Alcohol Education Program
HOBART
AND
WILLIAM SMITH
COLLEGES

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Notes

Index of Chapter 5 Resources

LARGE SCALE EFFORTS

		Pages	
I.	Theme Weeks or Days, Other Special Activities	179–189	Includes: • Sample overviews of activities for theme weeks or days • Sample ads, posters, and flyers • Sample new student orientation alcohol program
II.	Poster Campaigns	191–199	Includes: • Sample posters • Suggested poster slogans • Sample poster contest outline
III.	Electronic Media	201–207	Includes: • Media relations sheet on how to work with the media • Sample television public service announcement • Sample radio excerpts and public service announcements
IV.	Newspaper Ads and Other Media	209–214	Includes: • Sample selections for newspapers • Summary of media channels for getting the word out about drunk driving • Things to do for the price of a six-pack • Sample stickers to place on cups
V.	Brochures and Newsletter	215–222	Includes: • Sample text and graphics for brochures • Sample of "Dean's" Newsletter

F. A. D. D. WEEK

FRIENDS AGAINST DRUNK DRIVING

A "FADD" FOR LIFE

Introduction

The horrors of drunk driving invade all of our lives. Most of us have friends or relatives who have been injured or killed by a drunk driver. Far too many of our own friends (and we, ourselves) get behind the wheel of a car after too many drinks. We think we "can make it home" and we think we're sober enough to drive; actually, we don't really think at all.

Students and staff at Colorado State University bonded together this year to try to do something about the problem of drunk driving in our campus community. Our final product was sponsoring "F.A.D.D. Week", a week long media campaign designed to raise everyone's awareness about drinking and driving. We were trying to change the powerful peer pressure that encourages people to drink and drive. It's not "cool" to stop a friend from getting behind the wheel of a car after a night of partying. Students are afraid to make their friends angry or embarassed by confronting them about driving home. They don't want to lose their friends. What we wanted to do was to convince people that they could possibly lose their friends if they didn't stop them from driving drunk. We tried to change the definition of "What is a Friend" to someone who cares enough to take the keys away or to call a taxi. It's so difficult to change prevailing norms and attitudes about drunk driving, but we are determined to try.

Students from RHA joined forces with BACCHUS to launch a full-scale media campaign about drinking and driving. We wanted F.A.D.D. propaganda dispersed all over campus and through every media channel so that people couldn't turn around or read the school newspaper without being reminded about F.A.D.D.

We chose to sponsor a media campaign instead of a more traditional week of programming for several reasons. Students at C.S.U. feel they are "over-programmed", i.e., that there are too many activities to choose among. In addition, too often the people who need the information from a program are not the ones who attend it. So, we needed a way to impact all students, faculty and stff, and not just those who are aware enough to come to a program.

We used a wide variety of advertising/media techniques:

- press releases to local papers
- posters (use "day-glow" colors)
- flyers with the "F.A.D.D. for Life" contract
- displays/bulletin boards in the Student Center
- newspaper ads
- banners
- letters to the editor
- bumper stickers
- painter's hats
- buttons
- "personals" in the campus newspaper
- announcements in classes
- notes on chalkboards in classrooms

advertising techniques for you to consider using:

- key chains with the Blood Alcohol Count chart on them (available from beer distributors)
- table tents
- door hangers
- T-shirts

- placemats at dinner in halls
- publish mocktail recip es (see attached NIC report)
- balloons

We limited our programming efforts to lunch-time movies in the lobby of the Student Center. As people came up to see what was going on, students greeted them with a FADD contract and invited them to pick up additional pamphlets, bumper stickers, buttons, etc., from an information table we staffed during the movies.

The central "gimmick" we used to raise awareness was the "F.A.D.D. for Life Contract". We encouraged friends to sign this agreement to keep each other from driving drunk. We published it in the newspaper several times and had 5000 available to hand out at our lunch-time movies in the Student Center lobby and at dinner in the halls. The strategy we used to encourage people to sign them was to coordinate a petition to the Colorado legislators with all of the contractees' signatures that advocated greater support for educational interventions to address the problems of drunk driving. Some of our students hoped that these petitions would help legislators decide not to comply with the recent federal legislation to raise the drinking age to 21. We used these petitions to demonstrate that many college students were actively working to stop drunk driving.

While we didn't coordinate any other programming that week, the following are activities you could develop for your campus:

- a "Drinking and Driving: demonstration: have students/staff drinking during a movie on drunk driving and then have police officers run them through some agility tests.
- mocktails demonstrations ("BACCHUS Bar")
- keynote speakers
- how to be a responsible host
- the legal liability issues for bartenders and hosts of parties
- a debate on raising the drinking age
- M.A.D.D. and/or S.A.D.D. presentations
- film series
- panel of students who have been arrested for drunk driving
- big concert (without alcohol)
- a New Games festival

Tips for How to Begin

1. You may want to identify key people on campus and in the community to serve on an organizational task force. Consider soliciting members from the following groups:
    - RHA
    - residence hall governments
    - programming groups in the halls
    - Health Center
    - campus and/or community police
    - Housing/Residence Life Staff
    - Counseling Center
    - Legal Services (you'll want a lawyer's perspective on liability issues)
    - Student Center
    - Student Activities
    - Greek Affairs

BEST COPY AVAILABLE

- Student Affairs
- Dean of Students Office
- Alcohol/Drug agencies (community)
- artists (art work)
- technical journalism students and professors (marketing campaign and working with local newspapers/radio/tv,etc.)
- faculty in related fields (psychology, sociology, human development, social work, education, etc.)
- Personnel Services - staff working in Employee Assistance Programs
- city officials (elected and appointed)

2. Give all Task Force members copies of our information to give them ideas for your campus before your first meeting.

3. After a long brainstorming session of ideas for programs, publicity, media activities, etc., then prioritize your ideas and delegate responsibilities.

4. Develop a timeline and a budget.

5. Begin to seek outside funding from campus and community resources.

6. Begin to negotiate "deals" with businesses for materials and services.

7. Plan on meeting weekly for about two months before your F.A.D.D. week.

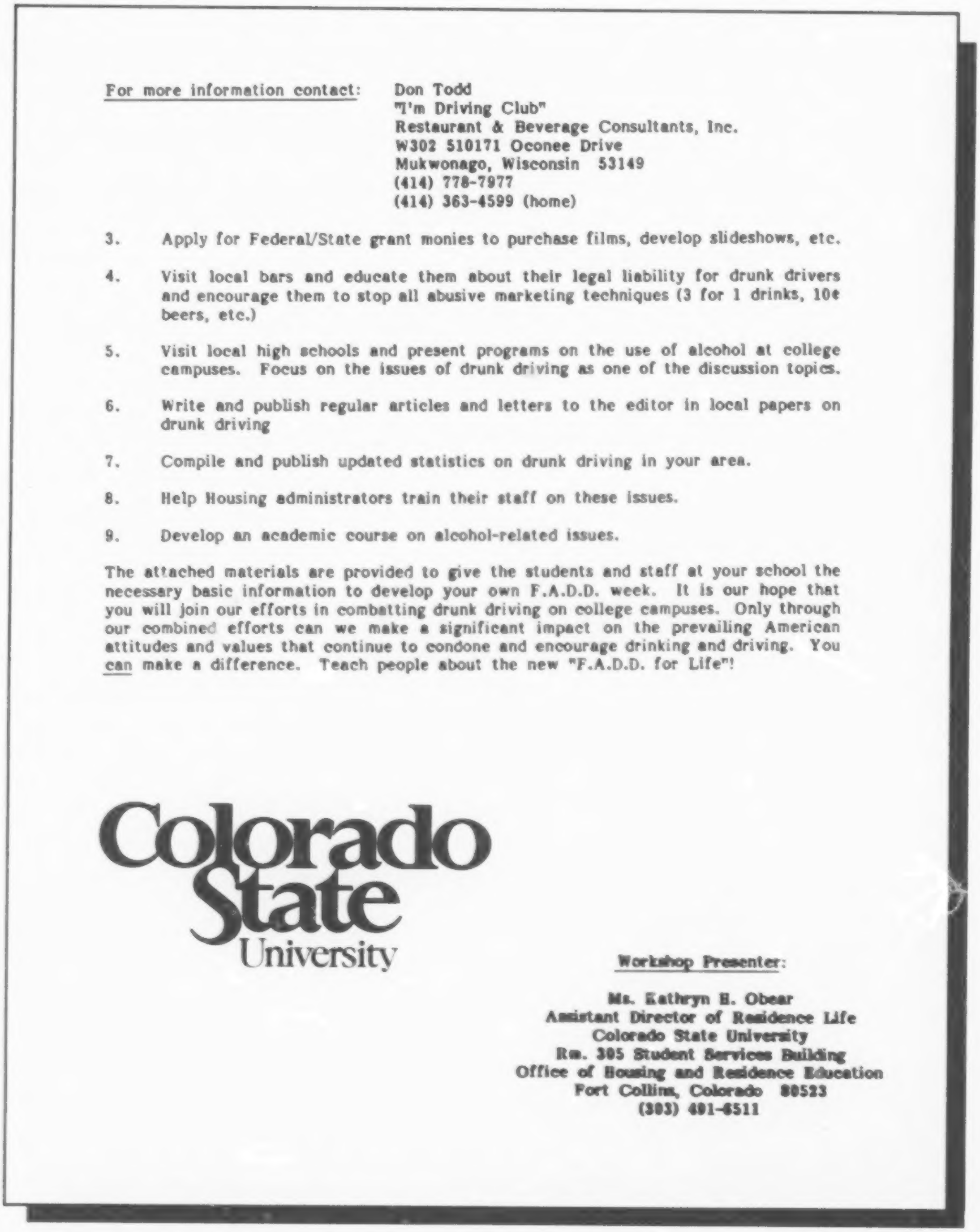
Possible Sources for Funding/Donations of Services/Projects

- city government
- Student Affairs division
- local bars
- local beer distributors
- Coke/Pepsi/other pop companies
- campus/community newspapers
- local radio stations
- printing shops (t-shirts, painters' hats, posters, flyers, buttons, etc.)
- balloon shops
- community alcohol/drug agencies
- t-shirt shops
- campus-wide student government
- RHA
- costume shops (get a costume donated and have students take turns wearing it and handing out contracts, buttons, bumper stickers, etc.)

Other Activities/Projects for a Campus/Community-Wide Task Force On Drunk Driving

1. Develop a "Ride Home" Program to provide rides to people who have had too much to drink at bars and/or private parties

2. Sponsor an "I'm Driving Club" (supported by BACCHUS and NACURH) where bars give free non-alcoholic beverages to the drivers.



For more information contact:
Don Todd
"I'm Driving Club"
Restaurant & Beverage Consultants, Inc.
W302 510171 Oconee Drive
Mukwonago, Wisconsin 53149
(414) 778-7977
(414) 363-4599 (home)

3. Apply for Federal/State grant monies to purchase films, develop slideshows, etc.

4. Visit local bars and educate them about their legal liability for drunk drivers and encourage them to stop all abusive marketing techniques (3 for 1 drinks, 10¢ beers, etc.)

5. Visit local high schools and present programs on the use of alcohol at college campuses. Focus on the issues of drunk driving as one of the discussion topics.

6. Write and publish regular articles and letters to the editor in local papers on drunk driving

7. Compile and publish updated statistics on drunk driving in your area.

8. Help Housing administrators train their staff on these issues.

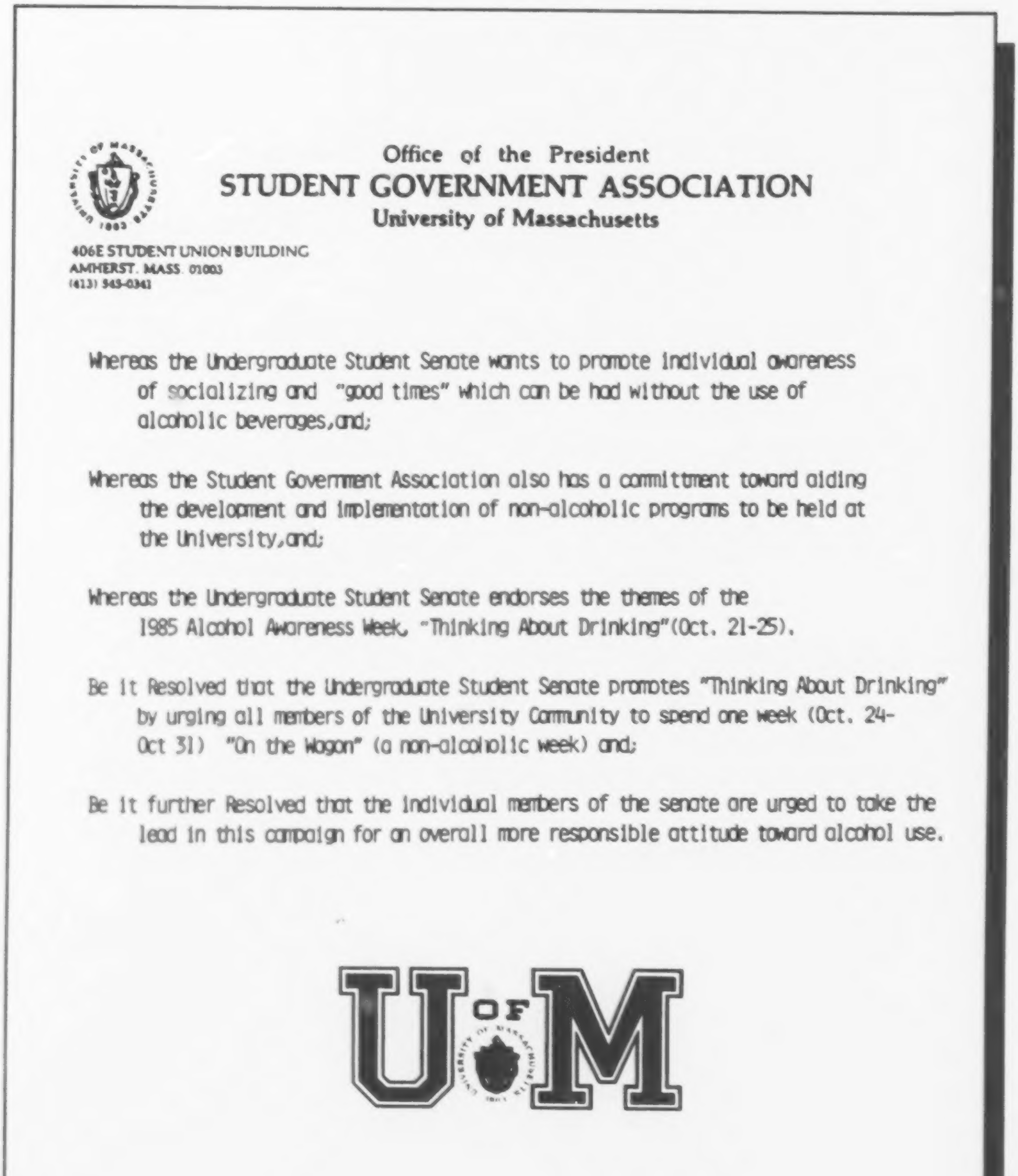
9. Develop an academic course on alcohol-related issues.

The attached materials are provided to give the students and staff at your school the necessary basic information to develop your own F.A.D.D. week. It is our hope that you will join our efforts in combatting drunk driving on college campuses. Only through our combined efforts can we make a significant impact on the prevailing American attitudes and values that continue to condone and encourage drinking and driving. You can make a difference. Teach people about the new "F.A.D.D. for Life"!

Colorado
State
University

Workshop Presenter:

Ms. Kathryn H. Obear
Assistant Director of Residence Life
Colorado State University
Rm. 305 Student Services Building
Office of Housing and Residence Education
Fort Collins, Colorado 80523
(303) 491-6511



Office of the President
STUDENT GOVERNMENT ASSOCIATION
University of Massachusetts

406E STUDENT UNION BUILDING
AMHERST, MASS. 01003
(413) 545-0341

Whereas the Undergraduate Student Senate wants to promote individual awareness of socializing and "good times" which can be had without the use of alcoholic beverages,and;

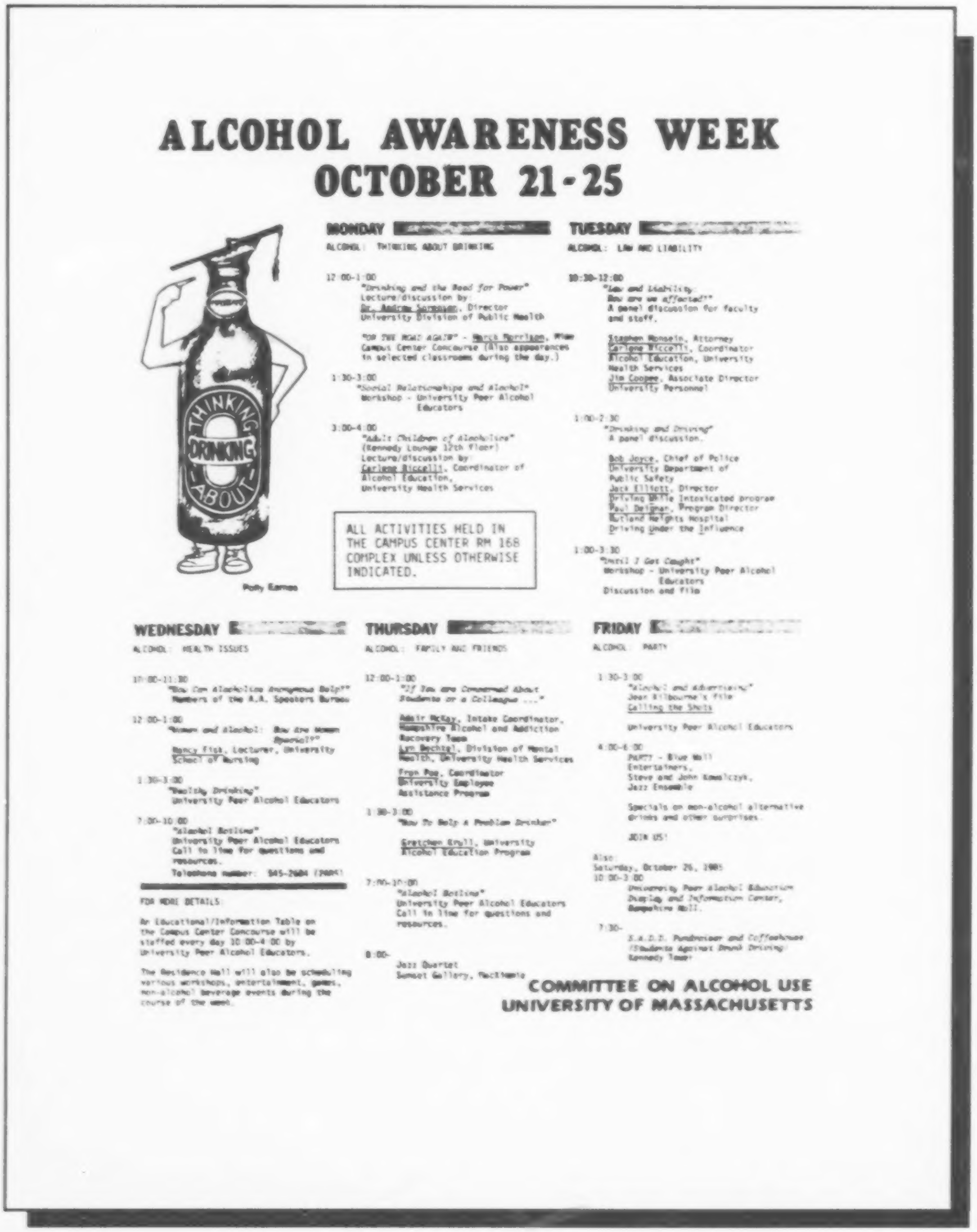
Whereas the Student Government Association also has a committment toward aiding the development and implementation of non-alcoholic programs to be held at the University,and;

Whereas the Undergraduate Student Senate endorses the themes of the 1985 Alcohol Awareness Week, "Thinking About Drinking"(Oct. 21-25).

Be it Resolved that the Undergraduate Student Senate promotes "Thinking About Drinking" by urging all members of the University Community to spend one week (Oct. 24-Oct 31) "On the Wagon" (a non-alcoholic week) and;

Be it further Resolved that the individual members of the senate are urged to take the lead in this campaign for an overall more responsible attitude toward alcohol use.

U OF M


THINKING
DRINKING
ABOUT

ALCOHOL AWARENESS WEEK
OCTOBER 21 - 25

Polly Eames

MONDAY

ALCOHOL: THINKING ABOUT DRINKING

12:00-1:00
"Drinking and the Need for Power"
Lecture/discussion by:
Dr. Andrew Sorensen, Director
University Division of Public Health

"ON THE ROAD AGAIN" - Marck Morrison, Mime
Campus Center Concourse (Also appearances
in selected classrooms during the day.)

1:30-3:00
"Social Relationships and Alcohol"
Workshop - University Peer Alcohol
Educators

3:00-4:00
"Adult Children of Alcoholics"
(Kennedy Lounge 12th Floor)
Lecture/discussion by:
Carlene Riccelli, Coordinator of
Alcohol Education,
University Health Services

ALL ACTIVITIES HELD IN
THE CAMPUS CENTER RM 168
COMPLEX UNLESS OTHERWISE
INDICATED.

TUESDAY

ALCOHOL: LAW AND LIABILITY

10:30-12:00
*"Law and Liability:
How are we affected?"*
A panel discussion for faculty
and staff.

Stephen Monsein, Attorney
Carlene Riccelli, Coordinator
Alcohol Education, University
Health Services
Jim Cooper, Associate Director
University Personnel

1:00-2:30
"Drinking and Driving"
A panel discussion.

Bob Joyce, Chief of Police
University Department of
Public Safety
Jack Elliott, Director
Driving While Intoxicated program
Paul Deignan, Program Director
Rutland Heights Hospital
Driving Under the Influence

1:00-3:30
"Until I Got Caught"
Workshop - University Peer Alcohol
Educators
Discussion and film

WEDNESDAY

ALCOHOL: HEALTH ISSUES

10:00-11:30
"How Can Alcoholics Anonymous Help?"
Members of the A.A. Speakers Bureau

12:00-1:00
*"Women and Alcohol: How Are Women
Special?"*
Nancy Fisk, Lecturer, University
School of Nursing

1:30-3:00
"Foolish Drinking"
University Peer Alcohol Educators

7:00-10:00
"Alcohol Hotline"
University Peer Alcohol Educators
Call in line for questions and
resources.
Telephone number: 545-2684 (2685)

FOR MORE DETAILS:

An Educational/Information Table on the Campus Center Concourse will be staffed every day 10:00-4:00 by University Peer Alcohol Educators.

The Residence Hall will also be scheduling various workshops, entertainment, games, non-alcohol beverage events during the course of the week.

THURSDAY

ALCOHOL: FAMILY AND FRIENDS

12:00-1:00
*"If You are Concerned About
Students or a Colleague ..."*

Adair McKay, Intake Coordinator,
Hampshire Alcohol and Addiction
Recovery Team
Lyn Bechtel, Division of Mental
Health, University Health Services

Fran Poe, Coordinator
University Employee
Assistance Program

1:30-3:00
"How To Help A Problem Drinker"

Gretchen Krull, University
Alcohol Education Program

7:00-10:00
"Alcohol Hotline"
University Peer Alcohol Educators
Call in line for questions and
resources.

8:00-
Jazz Quartet
Sunset Gallery, MacKimmie

FRIDAY

ALCOHOL: PARTY

1:30-3:00
"Alcohol and Advertising"
Jean Kilbourne's film
Calling the Shots

University Peer Alcohol Educators

4:00-6:00
PARTY - Blue Wall
Entertainers,
Steve and John Kowalczyk,
Jazz Ensemble

Specials on non-alcohol alternative
drinks and other surprises.

JOIN US!

Also:
Saturday, October 26, 1985
10:00-3:00
*University Peer Alcohol Education
Display and Information Center,
Hampshire Mall.*

7:30-
*S.A.D.D. Fundraiser and Coffeehouse
(Students Against Drunk Driving)
Kennedy Tower*

**COMMITTEE ON ALCOHOL USE
UNIVERSITY OF MASSACHUSETTS**

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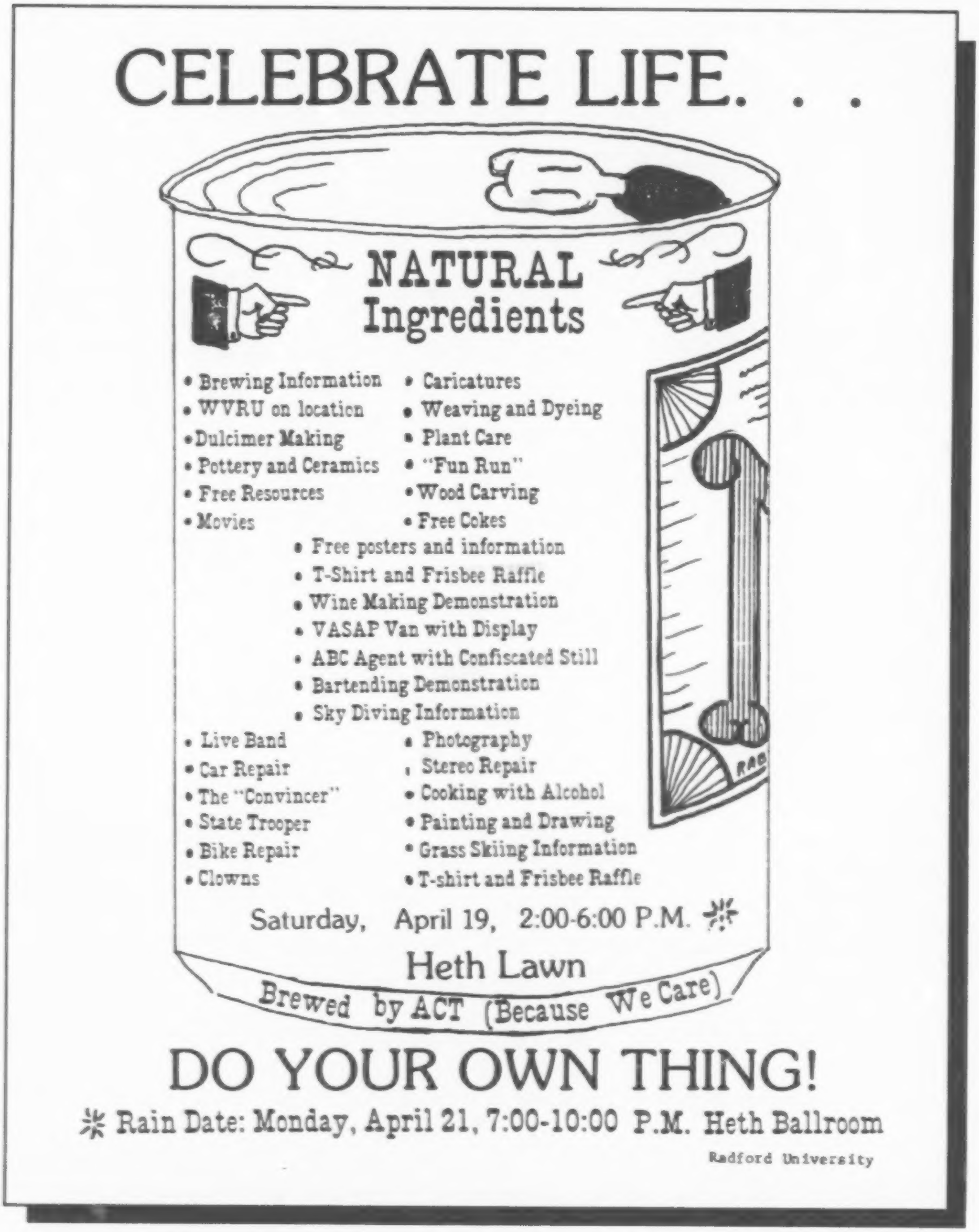


CELEBRATE LIFE. . .

NATURAL Ingredients

- Brewing Information
- WVRU on location
- Dulcimer Making
- Pottery and Ceramics
- Free Resources
- Movies
- Caricatures
- Weaving and Dyeing
- Plant Care
- "Fun Run"
- Wood Carving
- Free Cokes
- Free posters and information
- T-Shirt and Frisbee Raffle
- Wine Making Demonstration
- VASAP Van with Display
- ABC Agent with Confiscated Still
- Bartending Demonstration
- Sky Diving Information
- Live Band
- Car Repair
- The "Convincer"
- State Trooper
- Bike Repair
- Clowns
- Photography
- Stereo Repair
- Cooking with Alcohol
- Painting and Drawing
- Grass Skiing Information
- T-shirt and Frisbee Raffle

Saturday, April 19, 2:00-6:00 P.M. ✱

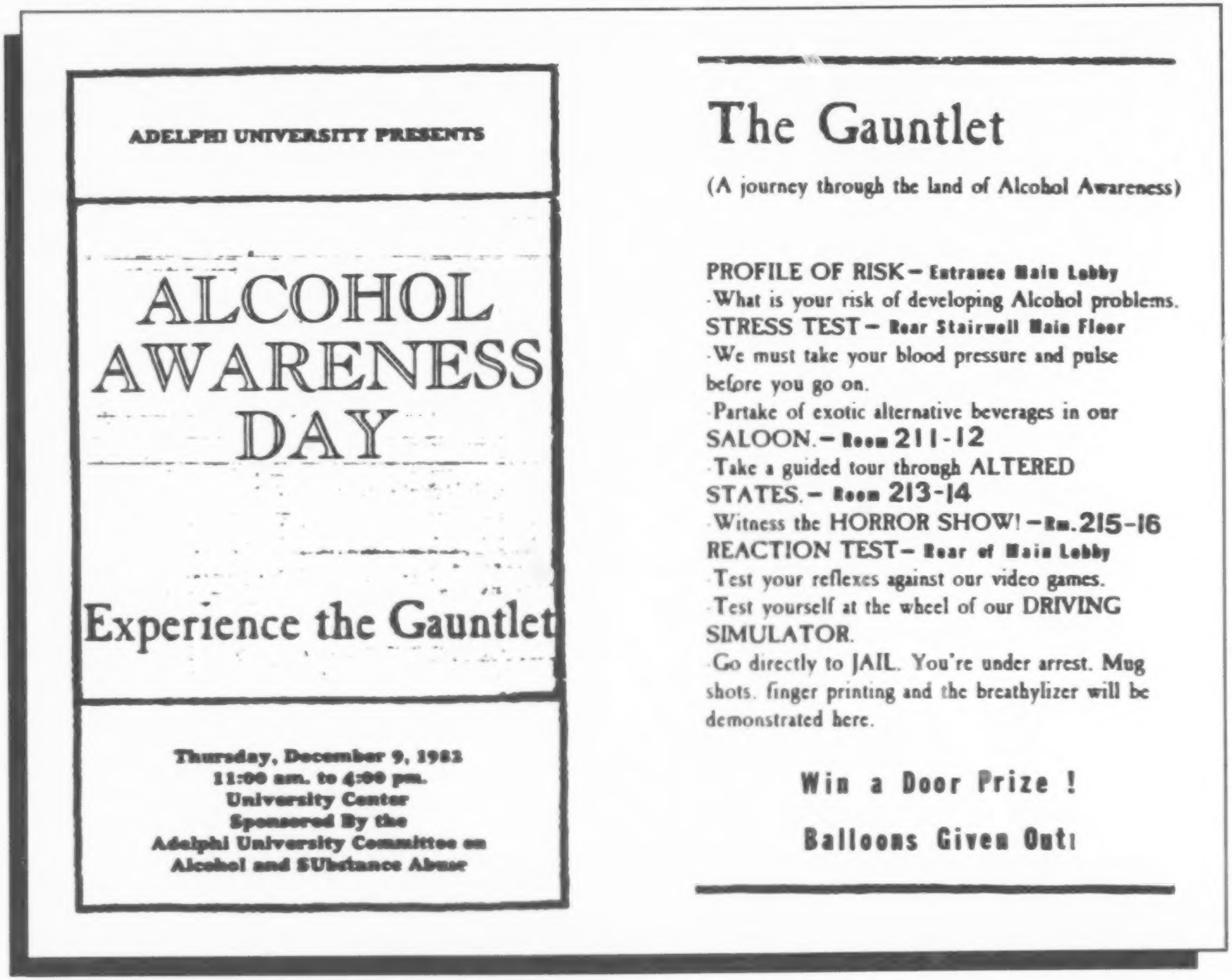
Heth Lawn

Brewed by ACT (Because We Care)

DO YOUR OWN THING!

✱ Rain Date: Monday, April 21, 7:00-10:00 P.M. Heth Ballroom

Radford University



ADELPHI UNIVERSITY PRESENTS

ALCOHOL
AWARENESS
DAY

Experience the Gauntlet

Thursday, December 9, 1982
11:00 am. to 4:00 pm.
University Center
Sponsored By the
Adelphi University Committee on
Alcohol and SUbstance Abuse

The Gauntlet

(A journey through the land of Alcohol Awareness)

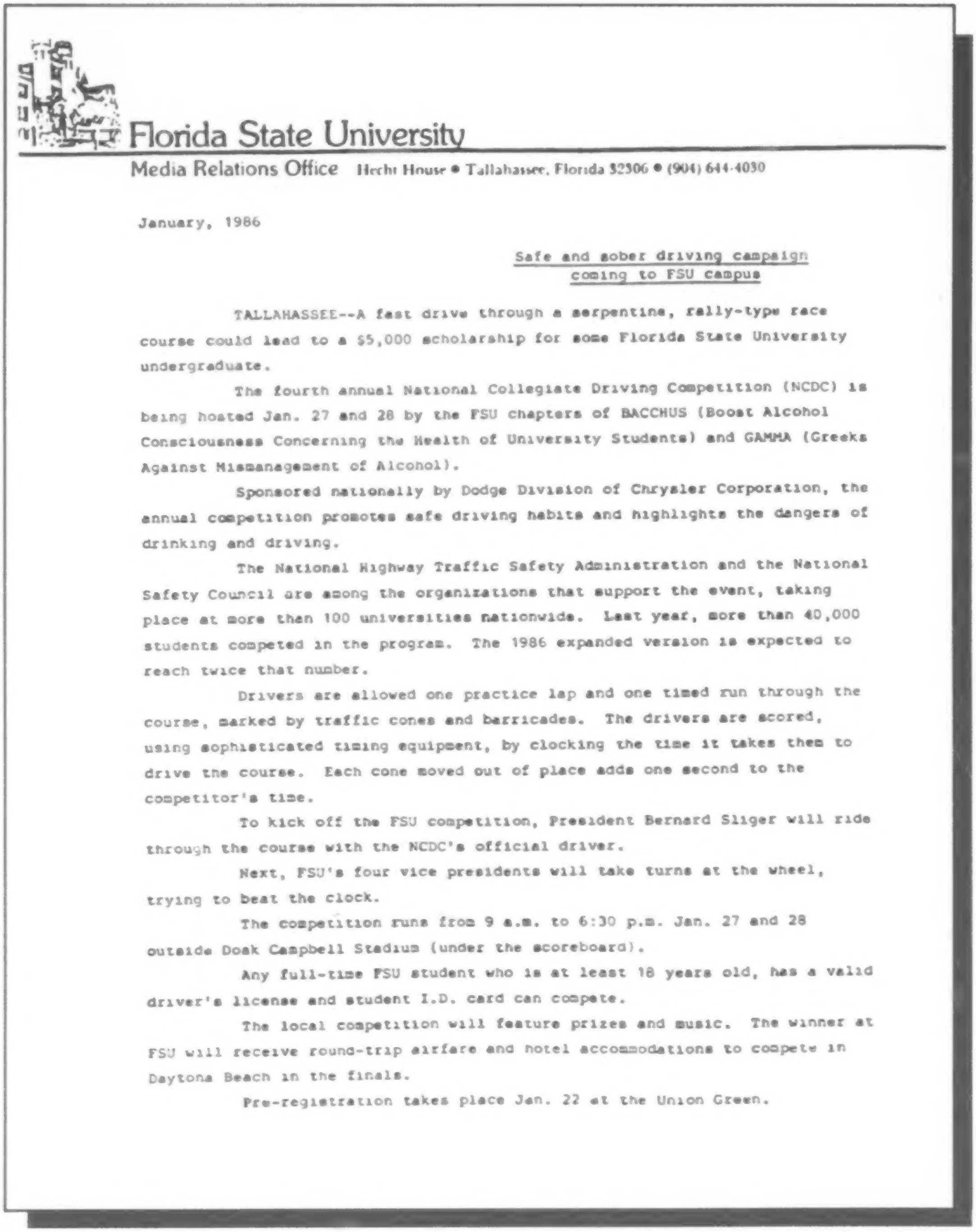
PROFILE OF RISK – **Entrance Main Lobby**
-What is your risk of developing Alcohol problems.
STRESS TEST – **Rear Stairwell Main Floor**
-We must take your blood pressure and pulse before you go on.
-Partake of exotic alternative beverages in our SALOON. – **Room 211-12**
-Take a guided tour through ALTERED STATES. – **Room 213-14**
-Witness the HORROR SHOW! – **Rm. 215-16**
REACTION TEST – **Rear of Main Lobby**
-Test your reflexes against our video games.
-Test yourself at the wheel of our DRIVING SIMULATOR.
-Go directly to JAIL. You're under arrest. Mug shots, finger printing and the breathylizer will be demonstrated here.

Win a Door Prize !

Balloons Given Out!

Home For The Holidays
Season's Greetings

The University of Arkansas at Monticello's Alcohol Awareness Committee sponsored a one day program entitled "Home for the Holidays-Don't Drink and Drive" on December 12, 1985. The purpose of the program was to have at least 200 students, faculty and staff sign a pledge that they would not drink and drive over the holidays. After the pledge was signed, each pledge received the laminated copy of their pledge and a plastic key ring with "Home for the Holidays" and "Don't Drink and Drive" on alternate sides. Santa Claus was present to round up participants and Christmas video movies such as "It's a Wonderful Life" were played. This program was set up in the University Center Lobby. Handouts concerning alcohol awareness were given out and the participant goal was reached. This program was awarded December Program of the Month by the Southwest Association of College and University Residence Halls.



Florida State University
Media Relations Office Hecht House • Tallahassee, Florida 32306 • (904) 644-4030

January, 1986

Safe and sober driving campaign
coming to FSU campus

TALLAHASSEE--A fast drive through a serpentine, rally-type race course could lead to a $5,000 scholarship for some Florida State University undergraduate.

The fourth annual National Collegiate Driving Competition (NCDC) is being hosted Jan. 27 and 28 by the FSU chapters of BACCHUS (Boost Alcohol Consciousness Concerning the Health of University Students) and GAMMA (Greeks Against Mismanagement of Alcohol).

Sponsored nationally by Dodge Division of Chrysler Corporation, the annual competition promotes safe driving habits and highlights the dangers of drinking and driving.

The National Highway Traffic Safety Administration and the National Safety Council are among the organizations that support the event, taking place at more then 100 universities nationwide. Last year, more than 40,000 students competed in the program. The 1986 expanded version is expected to reach twice that number.

Drivers are allowed one practice lap and one timed run through the course, marked by traffic cones and barricades. The drivers are scored, using sophisticated timing equipment, by clocking the time it takes them to drive the course. Each cone moved out of place adds one second to the competitor's time.

To kick off the FSU competition, President Bernard Sliger will ride through the course with the NCDC's official driver.

Next, FSU's four vice presidents will take turns at the wheel, trying to beat the clock.

The competition runs from 9 a.m. to 6:30 p.m. Jan. 27 and 28 outside Doak Campbell Stadium (under the scoreboard).

Any full-time FSU student who is at least 18 years old, has a valid driver's license and student I.D. card can compete.

The local competition will feature prizes and music. The winner at FSU will receive round-trip airfare and hotel accommodations to compete in Daytona Beach in the finals.

Pre-registration takes place Jan. 22 at the Union Green.

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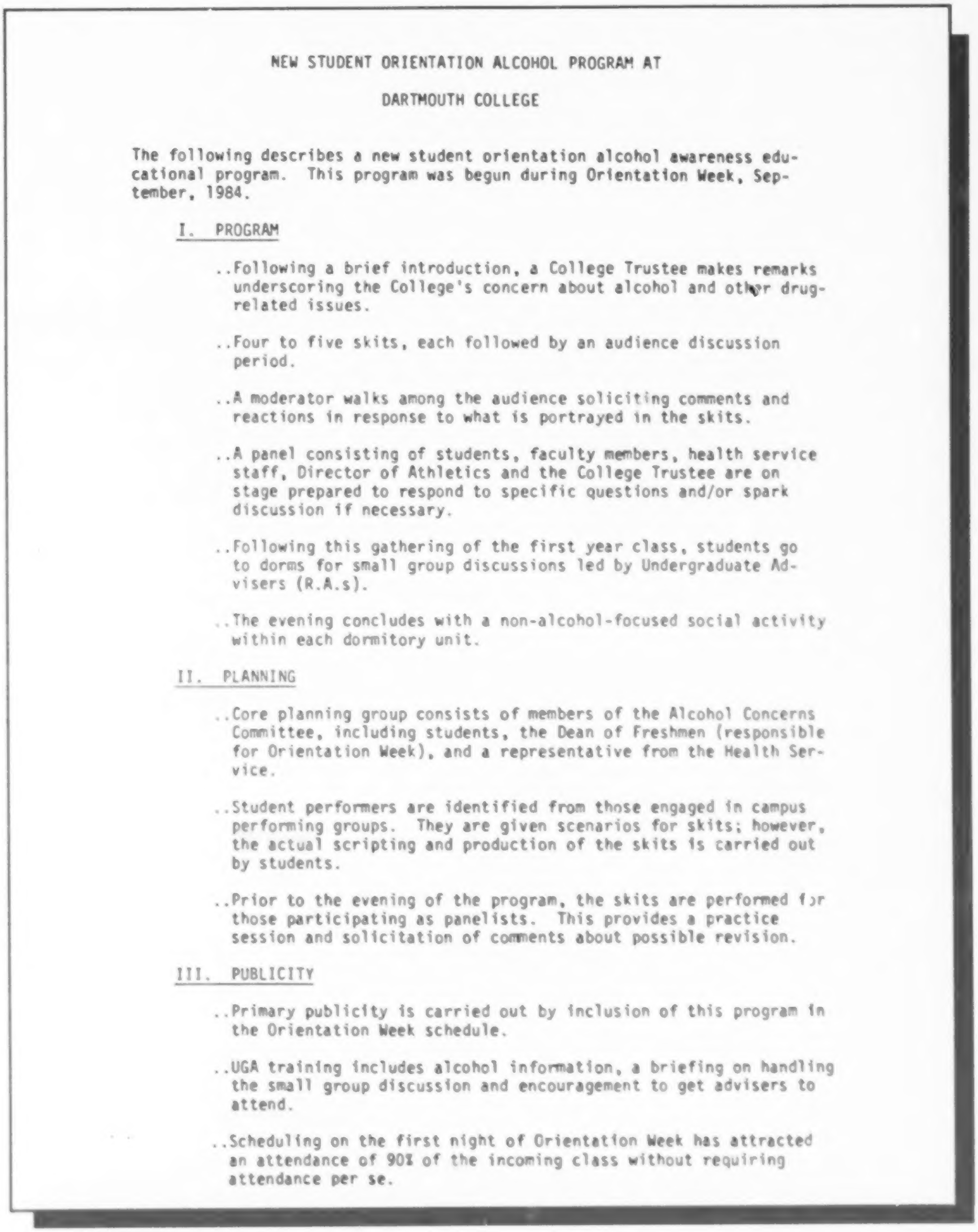


NEW STUDENT ORIENTATION ALCOHOL PROGRAM AT DARTMOUTH COLLEGE

The following describes a new student orientation alcohol awareness educational program. This program was begun during Orientation Week, September, 1984.

I. PROGRAM

..Following a brief introduction, a College Trustee makes remarks underscoring the College's concern about alcohol and other drug-related issues.

..Four to five skits, each followed by an audience discussion period.

..A moderator walks among the audience soliciting comments and reactions in response to what is portrayed in the skits.

..A panel consisting of students, faculty members, health service staff, Director of Athletics and the College Trustee are on stage prepared to respond to specific questions and/or spark discussion if necessary.

..Following this gathering of the first year class, students go to dorms for small group discussions led by Undergraduate Advisers (R.A.s).

..The evening concludes with a non-alcohol-focused social activity within each dormitory unit.

II. PLANNING

..Core planning group consists of members of the Alcohol Concerns Committee, including students, the Dean of Freshmen (responsible for Orientation Week), and a representative from the Health Service.

..Student performers are identified from those engaged in campus performing groups. They are given scenarios for skits; however, the actual scripting and production of the skits is carried out by students.

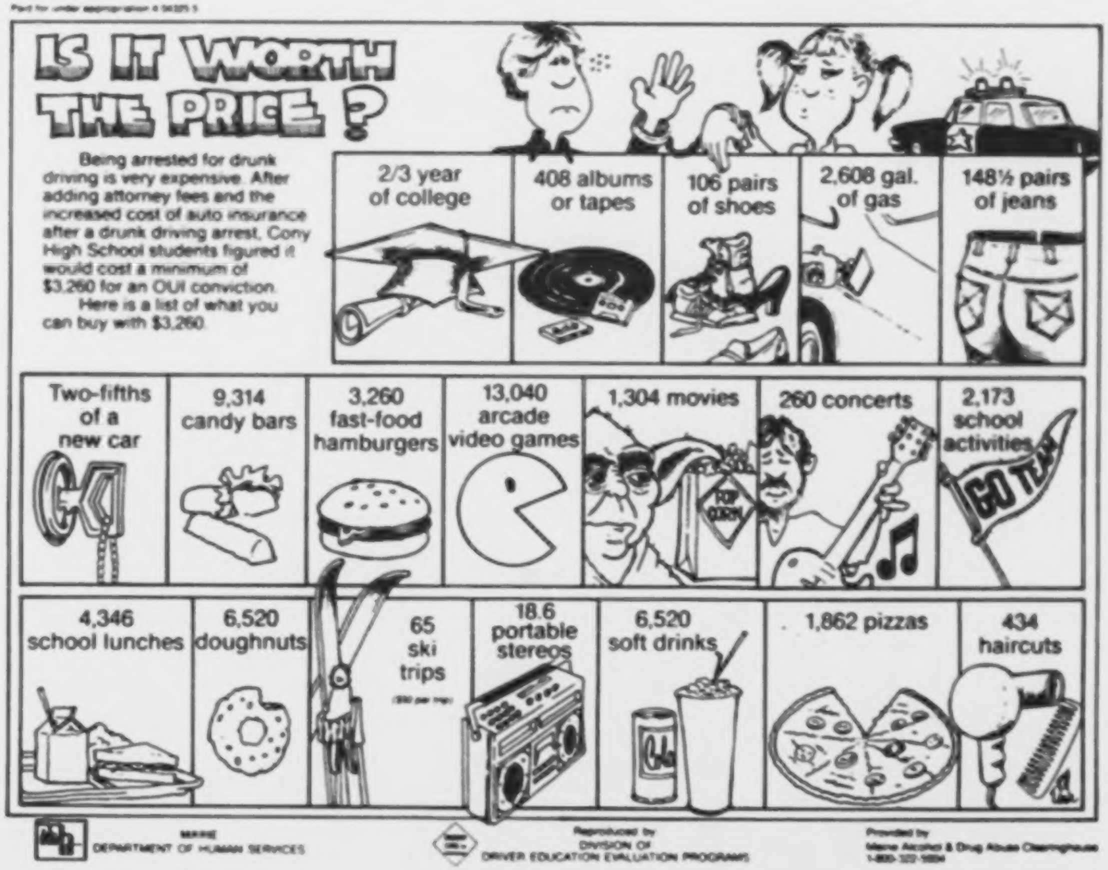
..Prior to the evening of the program, the skits are performed for those participating as panelists. This provides a practice session and solicitation of comments about possible revision.

III. PUBLICITY

..Primary publicity is carried out by inclusion of this program in the Orientation Week schedule.

..UGA training includes alcohol information, a briefing on handling the small group discussion and encouragement to get advisers to attend.

..Scheduling on the first night of Orientation Week has attracted an attendance of 90% of the incoming class without requiring attendance per se.



Paid for under appropriation [illegible]

IS IT WORTH THE PRICE ?

Being arrested for drunk driving is very expensive. After adding attorney fees and the increased cost of auto insurance after a drunk driving arrest, Cony High School students figured it would cost a minimum of $3,260 for an OUI conviction.

Here is a list of what you can buy with $3,260.

2/3 year of college

408 albums or tapes

106 pairs of shoes

2,608 gal. of gas

148½ pairs of jeans

Two-fifths of a new car

9,314 candy bars

3,260 fast-food hamburgers

13,040 arcade video games

1,304 movies

260 concerts

2,173 school activities

4,346 school lunches

6,520 doughnuts

65 ski trips

($50 per trip)

18.6 portable stereos

6,520 soft drinks

1,862 pizzas

434 haircuts

MAINE
DEPARTMENT OF HUMAN SERVICES

Reproduced by
DIVISION OF
DRIVER EDUCATION EVALUATION PROGRAMS

Provided by
Maine Alcohol & Drug Abuse Clearinghouse
[illegible]

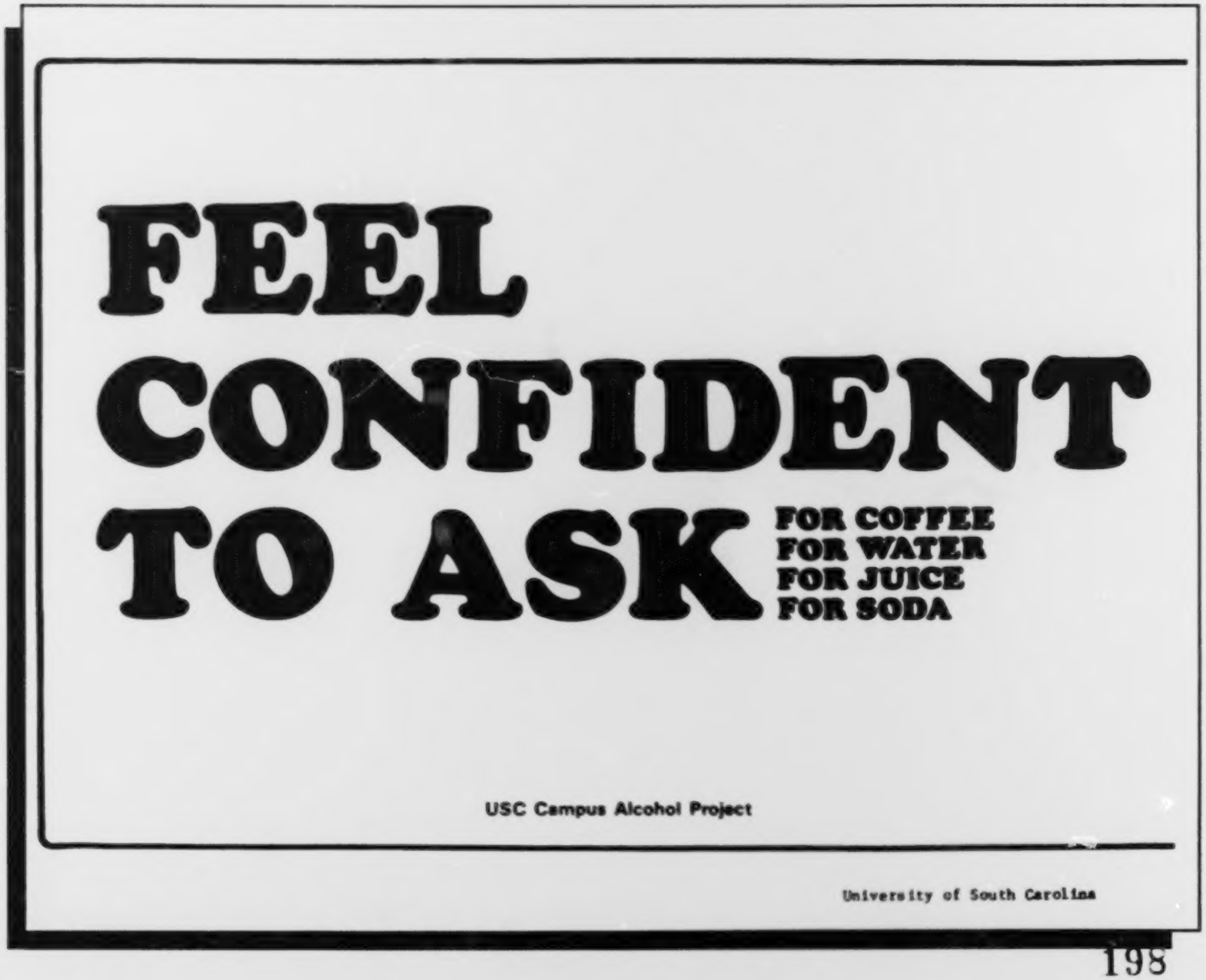
Friends don't let friends drive drunk.

Drinking and driving:
we can help make it less popular.

Think about who's been drinking
and who's going to drive.

We have to start taking care of each other.
That's what friends are for.

University of Massachusetts - Amherst



FEEL CONFIDENT TO ASK

FOR COFFEE
FOR WATER
FOR JUICE
FOR SODA

USC Campus Alcohol Project

University of South Carolina

198

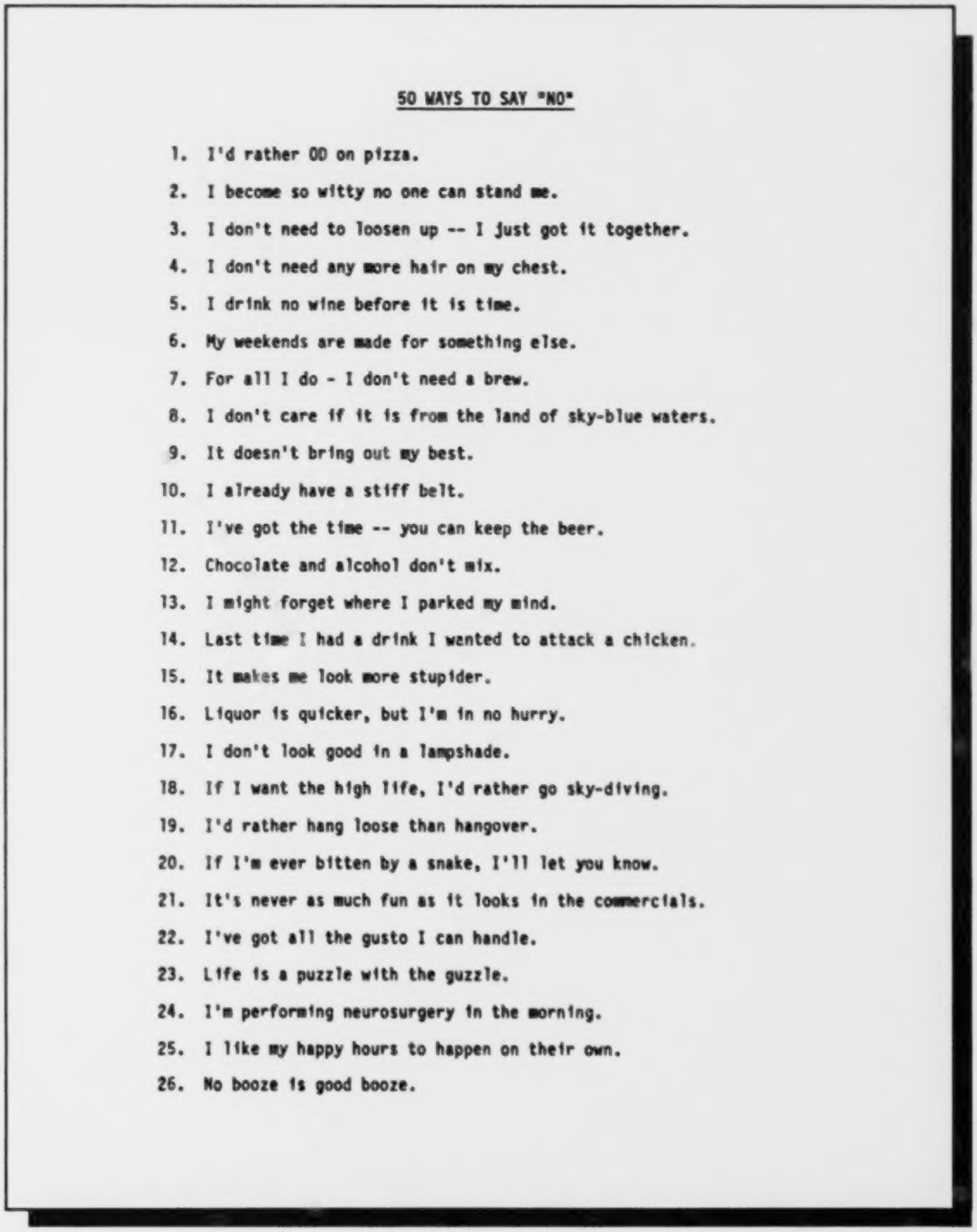
197

50 WAYS TO SAY "NO"

1. I'd rather OD on pizza.
2. I become so witty no one can stand me.
3. I don't need to loosen up - I just got it together.
4. I don't need any more hair on my chest.
5. I drink no wine before it is time.

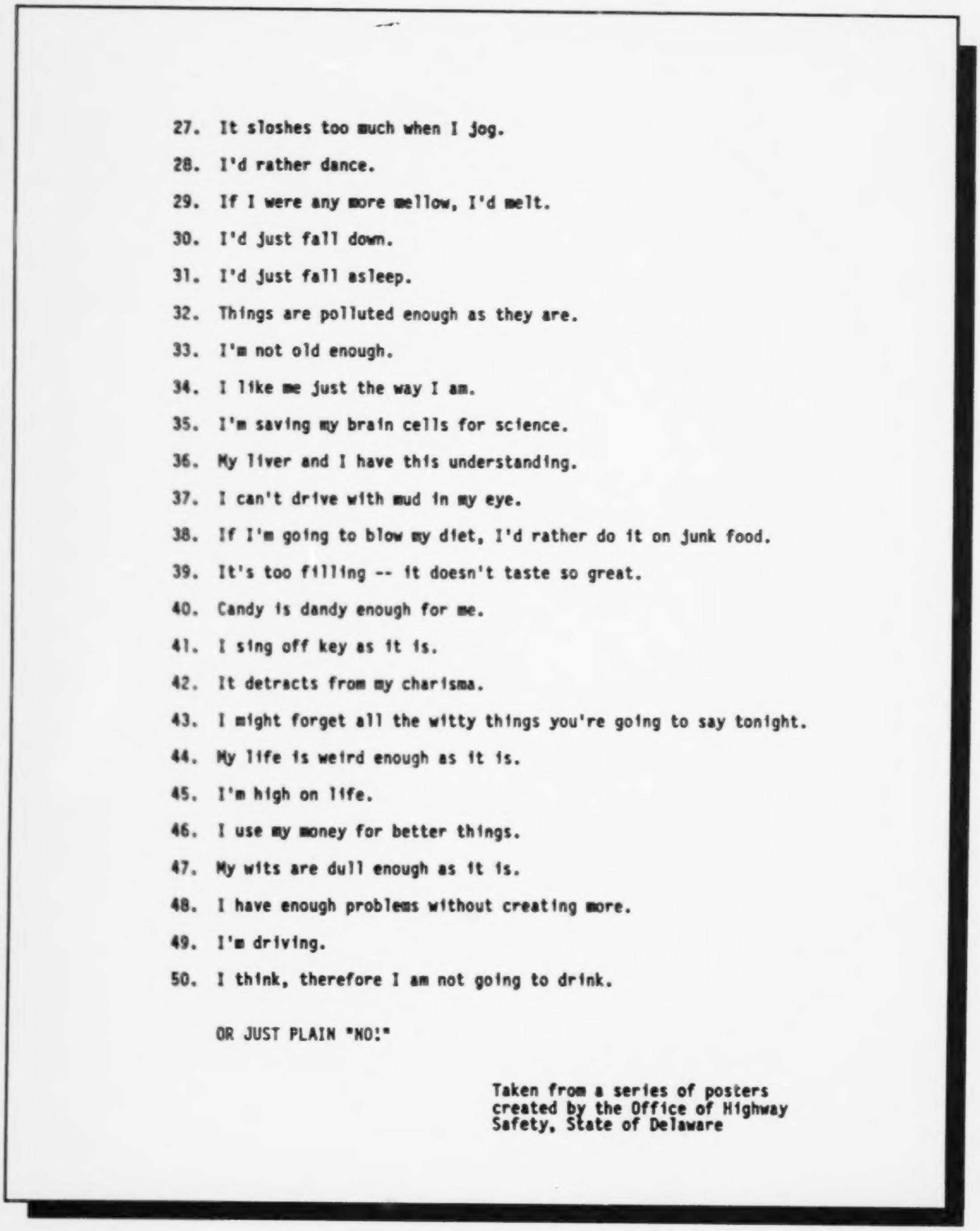
Or JUST Plain

NO!



50 WAYS TO SAY "NO"

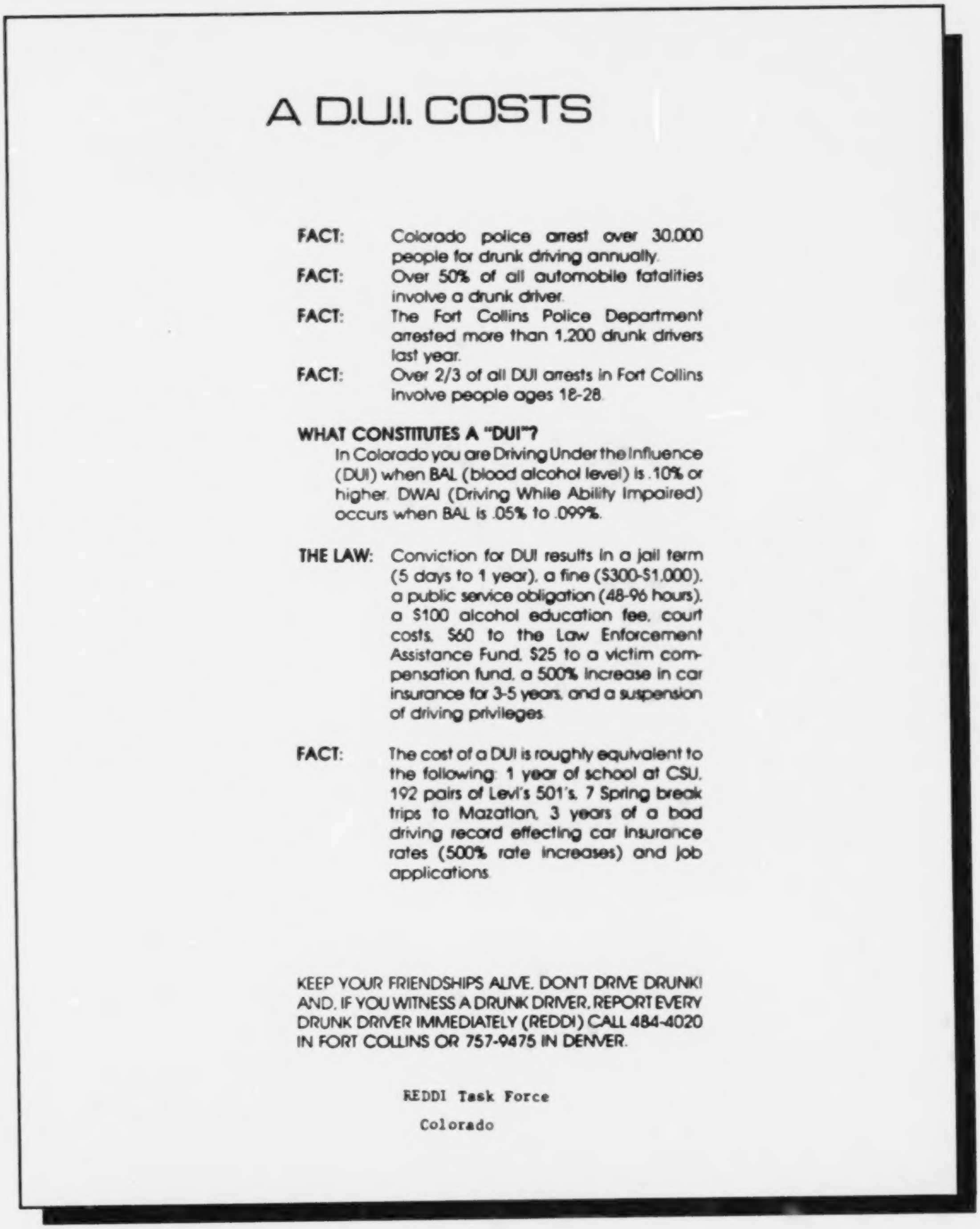
1. I'd rather OD on pizza.
2. I become so witty no one can stand me.
3. I don't need to loosen up -- I just got it together.
4. I don't need any more hair on my chest.
5. I drink no wine before it is time.
6. My weekends are made for something else.
7. For all I do - I don't need a brew.
8. I don't care if it is from the land of sky-blue waters.
9. It doesn't bring out my best.
10. I already have a stiff belt.
11. I've got the time -- you can keep the beer.
12. Chocolate and alcohol don't mix.
13. I might forget where I parked my mind.
14. Last time I had a drink I wanted to attack a chicken.
15. It makes me look more stupider.
16. Liquor is quicker, but I'm in no hurry.
17. I don't look good in a lampshade.
18. If I want the high life, I'd rather go sky-diving.
19. I'd rather hang loose than hangover.
20. If I'm ever bitten by a snake, I'll let you know.
21. It's never as much fun as it looks in the commercials.
22. I've got all the gusto I can handle.
23. Life is a puzzle with the guzzle.
24. I'm performing neurosurgery in the morning.
25. I like my happy hours to happen on their own.
26. No booze is good booze.



27. It sloshes too much when I jog.
28. I'd rather dance.
29. If I were any more mellow, I'd melt.
30. I'd just fall down.
31. I'd just fall asleep.
32. Things are polluted enough as they are.
33. I'm not old enough.
34. I like me just the way I am.
35. I'm saving my brain cells for science.
36. My liver and I have this understanding.
37. I can't drive with mud in my eye.
38. If I'm going to blow my diet, I'd rather do it on junk food.
39. It's too filling -- it doesn't taste so great.
40. Candy is dandy enough for me.
41. I sing off key as it is.
42. It detracts from my charisma.
43. I might forget all the witty things you're going to say tonight.
44. My life is weird enough as it is.
45. I'm high on life.
46. I use my money for better things.
47. My wits are dull enough as it is.
48. I have enough problems without creating more.
49. I'm driving.
50. I think, therefore I am not going to drink.

OR JUST PLAIN "NO!"

Taken from a series of posters
created by the Office of Highway
Safety, State of Delaware



A D.U.I. COSTS

FACT: Colorado police arrest over 30,000 people for drunk driving annually.

FACT: Over 50% of all automobile fatalities involve a drunk driver.

FACT: The Fort Collins Police Department arrested more than 1,200 drunk drivers last year.

FACT: Over 2/3 of all DUI arrests in Fort Collins involve people ages 18-28.

WHAT CONSTITUTES A "DUI"?

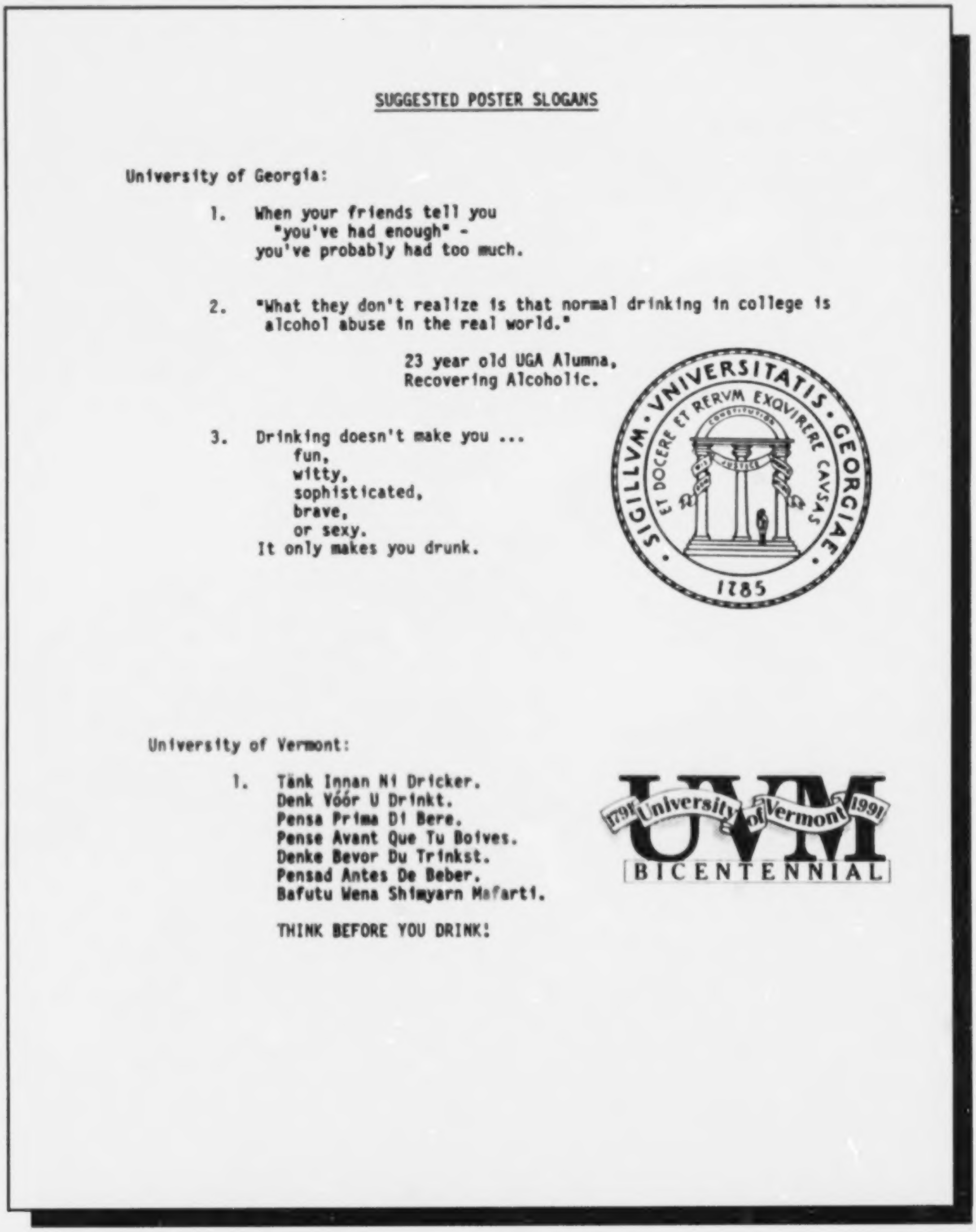
In Colorado you are Driving Under the Influence (DUI) when BAL (blood alcohol level) is .10% or higher. DWAI (Driving While Ability Impaired) occurs when BAL is .05% to .099%.

THE LAW: Conviction for DUI results in a jail term (5 days to 1 year), a fine ($300-$1,000), a public service obligation (48-96 hours), a $100 alcohol education fee, court costs, $60 to the Law Enforcement Assistance Fund, $25 to a victim compensation fund, a 500% increase in car insurance for 3-5 years, and a suspension of driving privileges.

FACT: The cost of a DUI is roughly equivalent to the following: 1 year of school at CSU, 192 pairs of Levi's 501's, 7 Spring break trips to Mazatlan, 3 years of a bad driving record effecting car insurance rates (500% rate increases) and job applications.

KEEP YOUR FRIENDSHIPS ALIVE. DON'T DRIVE DRUNK! AND, IF YOU WITNESS A DRUNK DRIVER, REPORT EVERY DRUNK DRIVER IMMEDIATELY (REDDI) CALL 484-4020 IN FORT COLLINS OR 757-9475 IN DENVER.

REDDI Task Force
Colorado



SUGGESTED POSTER SLOGANS

University of Georgia:

1. When your friends tell you
   "you've had enough" -
   you've probably had too much.

2. "What they don't realize is that normal drinking in college is alcohol abuse in the real world."

   23 year old UGA Alumna,
   Recovering Alcoholic.

3. Drinking doesn't make you ...
   fun,
   witty,
   sophisticated,
   brave,
   or sexy.
   It only makes you drunk.

1785

University of Vermont:

1. Tänk Innan Ni Dricker.
   Denk Vóór U Drinkt.
   Pensa Prima Di Bere.
   Pense Avant Que Tu Boives.
   Denke Bevor Du Trinkst.
   Pensad Antes De Beber.
   Bafutu Wena Shimyarn Mafarti.

   THINK BEFORE YOU DRINK!

UVM
1791 University of Vermont 1991
BICENTENNIAL

POSTER CONTESTS

Basic Rules for Posters and Awards

PURPOSE

MESSAGE. A good poster is an effective means of projecting an idea.

CREATIVITY. Originating a message and reducing it to design is a valuable experience for the student.

SIMPLICITY. To produce a strong simple message is a basic principle in poster making.

GENERAL SUGGESTIONS

COLOR. Harmonious colors with a strong contrast give beauty to the poster. A spot of bright color may emphasize the central point of interest.

LETTERING. Prominence may be given key words by spacing, combined with size, readability, and a variety of lettering. Avoid fancy lettering and diagonal lines.

DESIGN. The design should be simple, bold, and striking. The better posters convey one sharply defined idea. Color and movement with a prominent center of interest will reach and command attention. Do not crowd the poster. Keep details to a minimum. Avoid subtlety.

SPECIFIC REQUIREMENTS

1. **Eligibility.** Any student from the fourth to the twelfth grade may enter.
2. **Rules for Poster.** Use poster board or very heavy paper.
    a. **Size:** 22'' x 14''
    b. **Art Work.** Cut-outs may be used on Elementary and Middle school posters. Senior High must have original work of the student.
    c. **Use of brand names.** No brand names may be used on posters.
    d. **General theme.** The theme must be based on the general topics of alcohol, other narcotics, or tobacco as they relate to problems in the home, social welfare, health, crime, safety, or economic cost.

PROCEDURE

Information. Write the student's name, age, school, town and state on a separate sheet of paper. Place in an envelope and attach to the back of the poster with scotch tape. DO NOT number the posters nor write the names of the students' school or city on the posters.

JUDGING CRITERIA

All posters will be judged on five points:

1. Scientific accuracy	30%
2. Design and color	20%
3. Uniqueness of approach	20%
4. Effective communication	20%
5. Instant appeal	10%

Adapted from the Woman's Christian Temperance Union
poster contest brochure

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MEDIA RELATIONS

The mass media can be the most efficient way to get information out to the public. Organizations, institutions, and individuals can address important national, State, and local issues, such as alcohol-impaired and drugged driving, through public service channels of radio and television stations and newspapers. The key to success in obtaining media coverage is in the approach. Listed below are some suggestions for ways to work with the media:

1. **FAMILIARIZE YOURSELF WITH MEDIA PERSONNEL** Scan the newspapers and know who frequently writes about subjects related to alcohol and other drugs. The name of the author usually appears in a by-line above the article. You can also call the media to get names of specific reporters assigned to cover alcohol- and drug-related driving issues in the community.

2. **MAKE A PERSONAL CONTACT** Call to make a personal appointment, or invite the reporter to visit a local program. You also may call and suggest possible features. A personal visit or at least a telephone call will identify you as a "real" person rather than just a name.

3. **WRITE A SIMPLE NEWS RELEASE** Send a clear, comprehensive, one-page fact sheet containing all the needed information about your event or program. Make it sound special.

4. **WATCH YOUR LANGUAGE** Every discipline or professional has its own vocabulary that needs to be translated for the outsider. Clarify any concepts or expressions which are not "common language." Do not use acronyms.

5. **GIVE SUFFICIENT ADVANCE NOTICE** The more lead time, in most cases, the better the chances for obtaining coverage. If possible, allow four weeks notice.

6. **FOLLOW UP WITH A "THANK YOU"** Every success and every opportunity achieved should be followed with a thank you. You will increase your chances at being remembered favorably.

Sources:

Tim Hayes, Vice President/Community Relations, KPNX-TV, Phoenix, AZ
Lance Villard, National Institute of Mental Health, Region IV, Atlanta, GA

Source: Together We Can Help Prevent Alcohol-Impaired Driving

TELEVISION PUBLIC SERVICE ANNOUNCEMENT

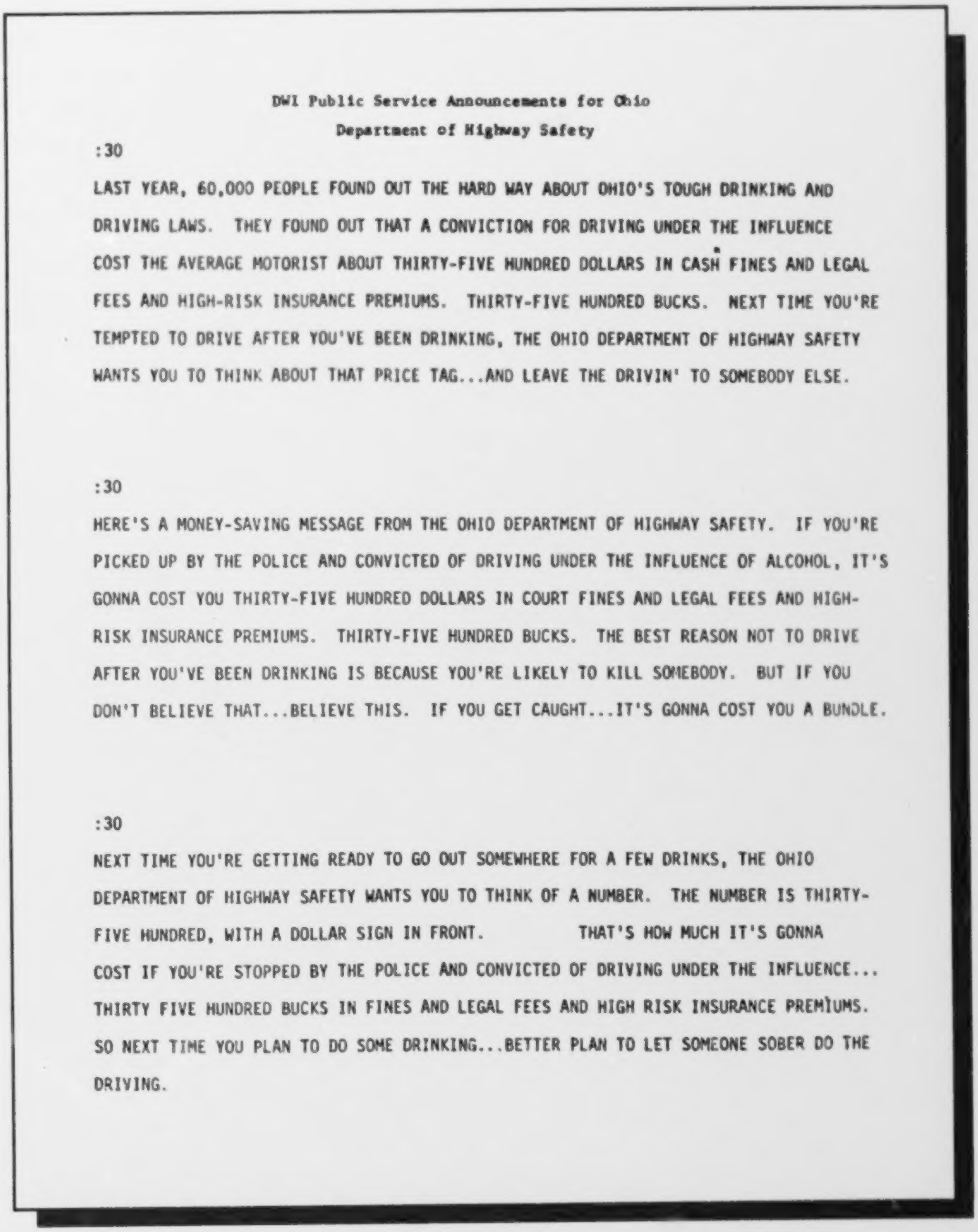
The Arkansas Alcohol Task Force is comprised of two representatives from each higher education institution in the state. The group meets monthly and plans statewide programs that educate college students about alcohol and its use and abuse. One of the Task Force's ideas was to produce a television public service announcement to be used across the state to educate college students about the dangers of drinking and driving.

One local television station agreed to provide at no cost the equipment facilities to prepare the PSA. A university student in Communications/Broadcasting wrote the script and assisted in gathering other students who were needed for the commercial. A letter was sent to all state institutions requesting a T-shirt/sweatshirt with the school's letters on it; fifteen shirts were received. Student volunteers were used in the PSA, each wearing a different institution's shirt.

The PSA was 30 seconds in length, and featured the group of fifteen students arranged around a couch and singing. Their festive activities were interrupted three times with scenes of a highway crash, an emergency room, and a cemetery.

The cost of the program was for the purchase of videotape copies distributed to all state television stations and some for college programming efforts. The PSA is scheduled to run from mid-October until after the holiday season.

University of Central Arkansas



DWI Public Service Announcements for Ohio
Department of Highway Safety

:30

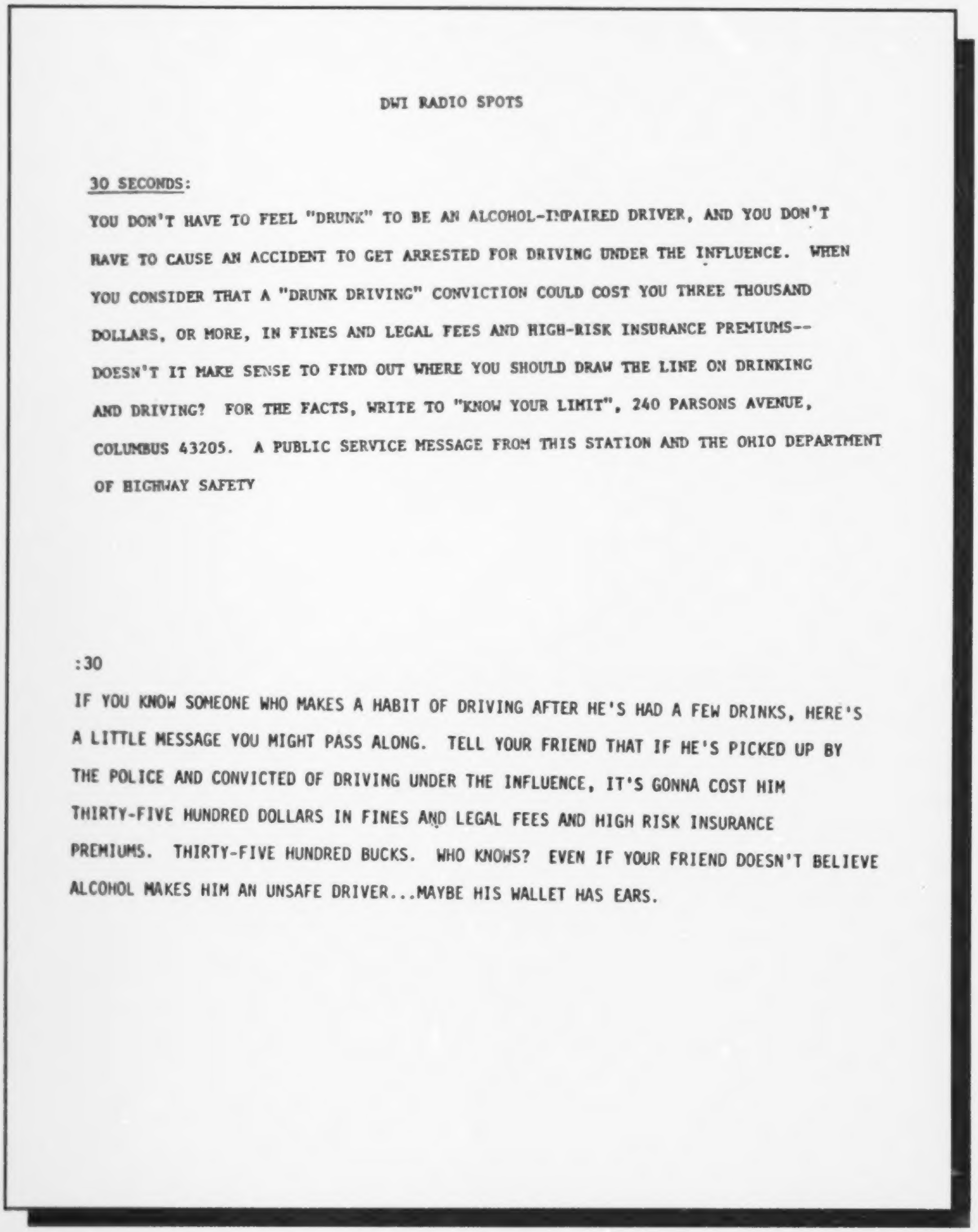
LAST YEAR, 60,000 PEOPLE FOUND OUT THE HARD WAY ABOUT OHIO'S TOUGH DRINKING AND DRIVING LAWS. THEY FOUND OUT THAT A CONVICTION FOR DRIVING UNDER THE INFLUENCE COST THE AVERAGE MOTORIST ABOUT THIRTY-FIVE HUNDRED DOLLARS IN CASH FINES AND LEGAL FEES AND HIGH-RISK INSURANCE PREMIUMS. THIRTY-FIVE HUNDRED BUCKS. NEXT TIME YOU'RE TEMPTED TO DRIVE AFTER YOU'VE BEEN DRINKING, THE OHIO DEPARTMENT OF HIGHWAY SAFETY WANTS YOU TO THINK ABOUT THAT PRICE TAG...AND LEAVE THE DRIVIN' TO SOMEBODY ELSE.

:30

HERE'S A MONEY-SAVING MESSAGE FROM THE OHIO DEPARTMENT OF HIGHWAY SAFETY. IF YOU'RE PICKED UP BY THE POLICE AND CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL, IT'S GONNA COST YOU THIRTY-FIVE HUNDRED DOLLARS IN COURT FINES AND LEGAL FEES AND HIGH-RISK INSURANCE PREMIUMS. THIRTY-FIVE HUNDRED BUCKS. THE BEST REASON NOT TO DRIVE AFTER YOU'VE BEEN DRINKING IS BECAUSE YOU'RE LIKELY TO KILL SOMEBODY. BUT IF YOU DON'T BELIEVE THAT...BELIEVE THIS. IF YOU GET CAUGHT...IT'S GONNA COST YOU A BUNDLE.

:30

NEXT TIME YOU'RE GETTING READY TO GO OUT SOMEWHERE FOR A FEW DRINKS, THE OHIO DEPARTMENT OF HIGHWAY SAFETY WANTS YOU TO THINK OF A NUMBER. THE NUMBER IS THIRTY-FIVE HUNDRED, WITH A DOLLAR SIGN IN FRONT. THAT'S HOW MUCH IT'S GONNA COST IF YOU'RE STOPPED BY THE POLICE AND CONVICTED OF DRIVING UNDER THE INFLUENCE... THIRTY FIVE HUNDRED BUCKS IN FINES AND LEGAL FEES AND HIGH RISK INSURANCE PREMIUMS. SO NEXT TIME YOU PLAN TO DO SOME DRINKING...BETTER PLAN TO LET SOMEONE SOBER DO THE DRIVING.



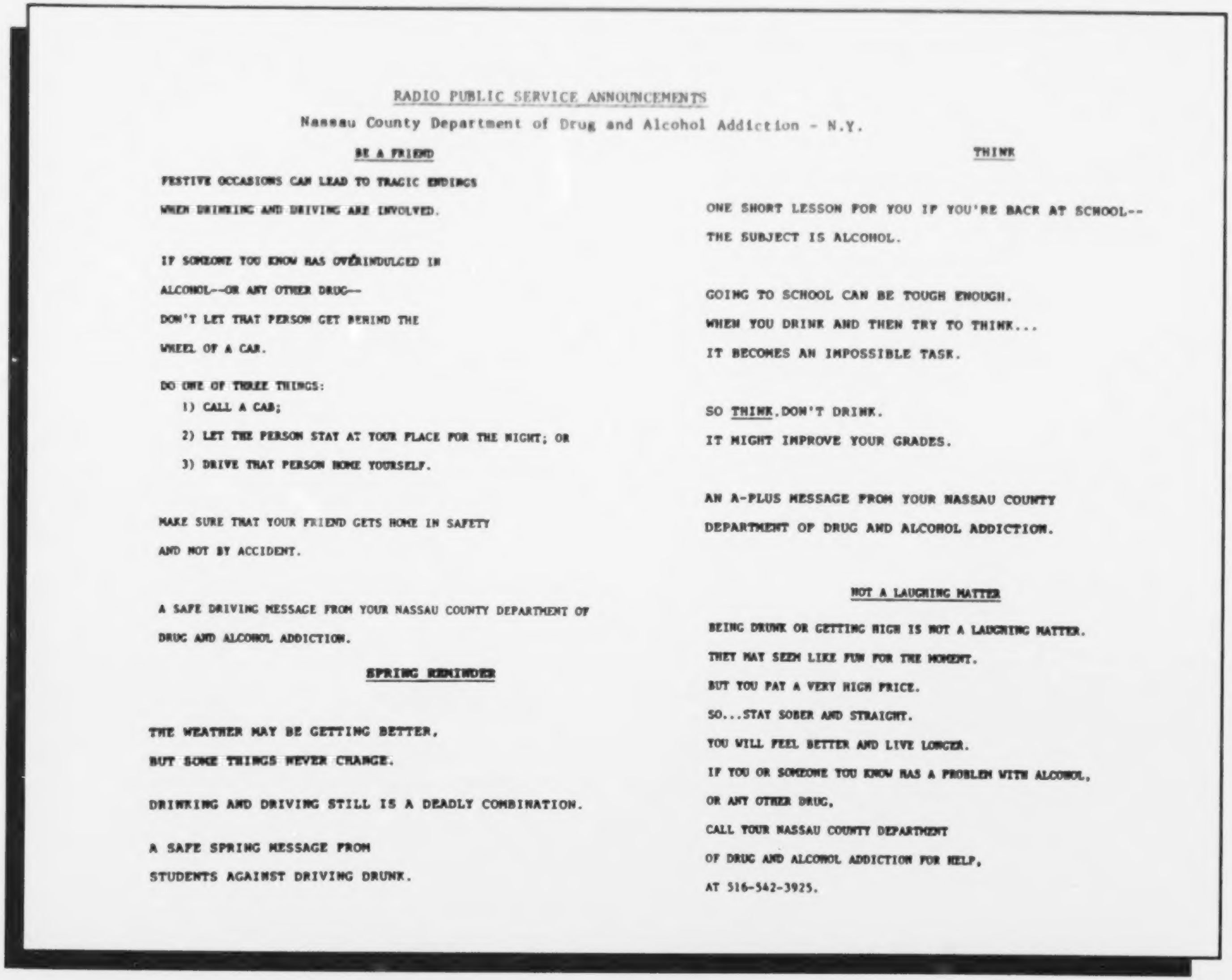
DWI RADIO SPOTS

30 SECONDS:

YOU DON'T HAVE TO FEEL "DRUNK" TO BE AN ALCOHOL-IMPAIRED DRIVER, AND YOU DON'T HAVE TO CAUSE AN ACCIDENT TO GET ARRESTED FOR DRIVING UNDER THE INFLUENCE. WHEN YOU CONSIDER THAT A "DRUNK DRIVING" CONVICTION COULD COST YOU THREE THOUSAND DOLLARS, OR MORE, IN FINES AND LEGAL FEES AND HIGH-RISK INSURANCE PREMIUMS-- DOESN'T IT MAKE SENSE TO FIND OUT WHERE YOU SHOULD DRAW THE LINE ON DRINKING AND DRIVING? FOR THE FACTS, WRITE TO "KNOW YOUR LIMIT", 240 PARSONS AVENUE, COLUMBUS 43205. A PUBLIC SERVICE MESSAGE FROM THIS STATION AND THE OHIO DEPARTMENT OF HIGHWAY SAFETY

:30

IF YOU KNOW SOMEONE WHO MAKES A HABIT OF DRIVING AFTER HE'S HAD A FEW DRINKS, HERE'S A LITTLE MESSAGE YOU MIGHT PASS ALONG. TELL YOUR FRIEND THAT IF HE'S PICKED UP BY THE POLICE AND CONVICTED OF DRIVING UNDER THE INFLUENCE, IT'S GONNA COST HIM THIRTY-FIVE HUNDRED DOLLARS IN FINES AND LEGAL FEES AND HIGH RISK INSURANCE PREMIUMS. THIRTY-FIVE HUNDRED BUCKS. WHO KNOWS? EVEN IF YOUR FRIEND DOESN'T BELIEVE ALCOHOL MAKES HIM AN UNSAFE DRIVER...MAYBE HIS WALLET HAS EARS.



RADIO PUBLIC SERVICE ANNOUNCEMENTS

Nassau County Department of Drug and Alcohol Addiction - N.Y.

BE A FRIEND

FESTIVE OCCASIONS CAN LEAD TO TRAGIC ENDINGS
WHEN DRINKING AND DRIVING ARE INVOLVED.

IF SOMEONE YOU KNOW HAS OVERINDULGED IN
ALCOHOL--OR ANY OTHER DRUG--
DON'T LET THAT PERSON GET BEHIND THE
WHEEL OF A CAR.

DO ONE OF THREE THINGS:

1) CALL A CAB;
2) LET THE PERSON STAY AT YOUR PLACE FOR THE NIGHT; OR
3) DRIVE THAT PERSON HOME YOURSELF.

MAKE SURE THAT YOUR FRIEND GETS HOME IN SAFETY
AND NOT BY ACCIDENT.

A SAFE DRIVING MESSAGE FROM YOUR NASSAU COUNTY DEPARTMENT OF
DRUG AND ALCOHOL ADDICTION.

SPRING REMINDER

THE WEATHER MAY BE GETTING BETTER,
BUT SOME THINGS NEVER CHANGE.

DRINKING AND DRIVING STILL IS A DEADLY COMBINATION.

A SAFE SPRING MESSAGE FROM
STUDENTS AGAINST DRIVING DRUNK.

THINK

ONE SHORT LESSON FOR YOU IF YOU'RE BACK AT SCHOOL--
THE SUBJECT IS ALCOHOL.

GOING TO SCHOOL CAN BE TOUGH ENOUGH.
WHEN YOU DRINK AND THEN TRY TO THINK...
IT BECOMES AN IMPOSSIBLE TASK.

SO THINK.DON'T DRINK.
IT MIGHT IMPROVE YOUR GRADES.

AN A-PLUS MESSAGE FROM YOUR NASSAU COUNTY
DEPARTMENT OF DRUG AND ALCOHOL ADDICTION.

NOT A LAUGHING MATTER

BEING DRUNK OR GETTING HIGH IS NOT A LAUGHING MATTER.
THEY MAY SEEM LIKE FUN FOR THE MOMENT.
BUT YOU PAY A VERY HIGH PRICE.
SO...STAY SOBER AND STRAIGHT.
YOU WILL FEEL BETTER AND LIVE LONGER.
IF YOU OR SOMEONE YOU KNOW HAS A PROBLEM WITH ALCOHOL,
OR ANY OTHER DRUG,
CALL YOUR NASSAU COUNTY DEPARTMENT
OF DRUG AND ALCOHOL ADDICTION FOR HELP,
AT 516-542-3925.

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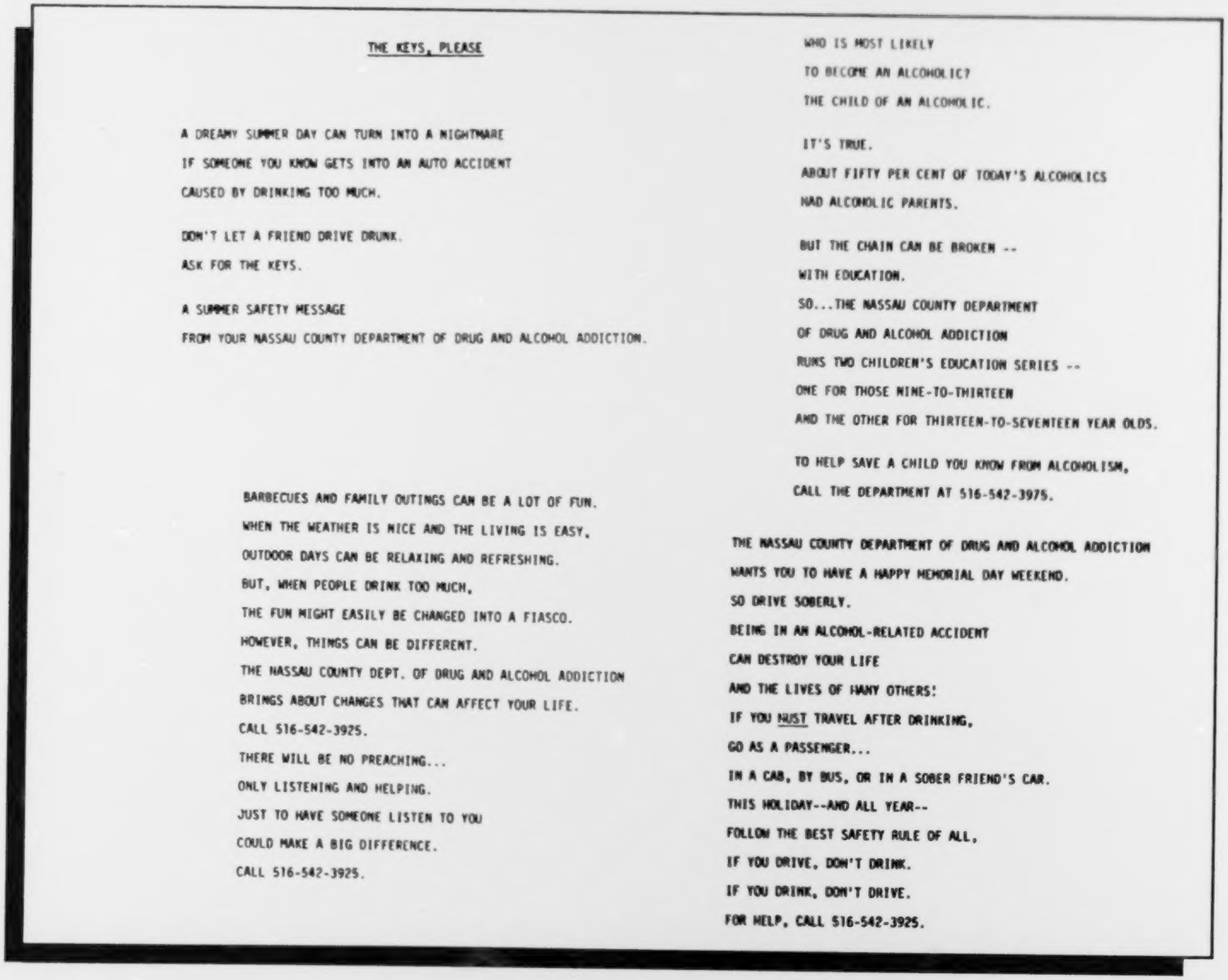


THE KEYS, PLEASE

A DREAMY SUMMER DAY CAN TURN INTO A NIGHTMARE
IF SOMEONE YOU KNOW GETS INTO AN AUTO ACCIDENT
CAUSED BY DRINKING TOO MUCH.

DON'T LET A FRIEND DRIVE DRUNK.
ASK FOR THE KEYS.

A SUMMER SAFETY MESSAGE
FROM YOUR NASSAU COUNTY DEPARTMENT OF DRUG AND ALCOHOL ADDICTION.

BARBECUES AND FAMILY OUTINGS CAN BE A LOT OF FUN.
WHEN THE WEATHER IS NICE AND THE LIVING IS EASY,
OUTDOOR DAYS CAN BE RELAXING AND REFRESHING.
BUT, WHEN PEOPLE DRINK TOO MUCH,
THE FUN MIGHT EASILY BE CHANGED INTO A FIASCO.
HOWEVER, THINGS CAN BE DIFFERENT.
THE NASSAU COUNTY DEPT. OF DRUG AND ALCOHOL ADDICTION
BRINGS ABOUT CHANGES THAT CAN AFFECT YOUR LIFE.
CALL 516-542-3925.
THERE WILL BE NO PREACHING...
ONLY LISTENING AND HELPING.
JUST TO HAVE SOMEONE LISTEN TO YOU
COULD MAKE A BIG DIFFERENCE.
CALL 516-542-3925.

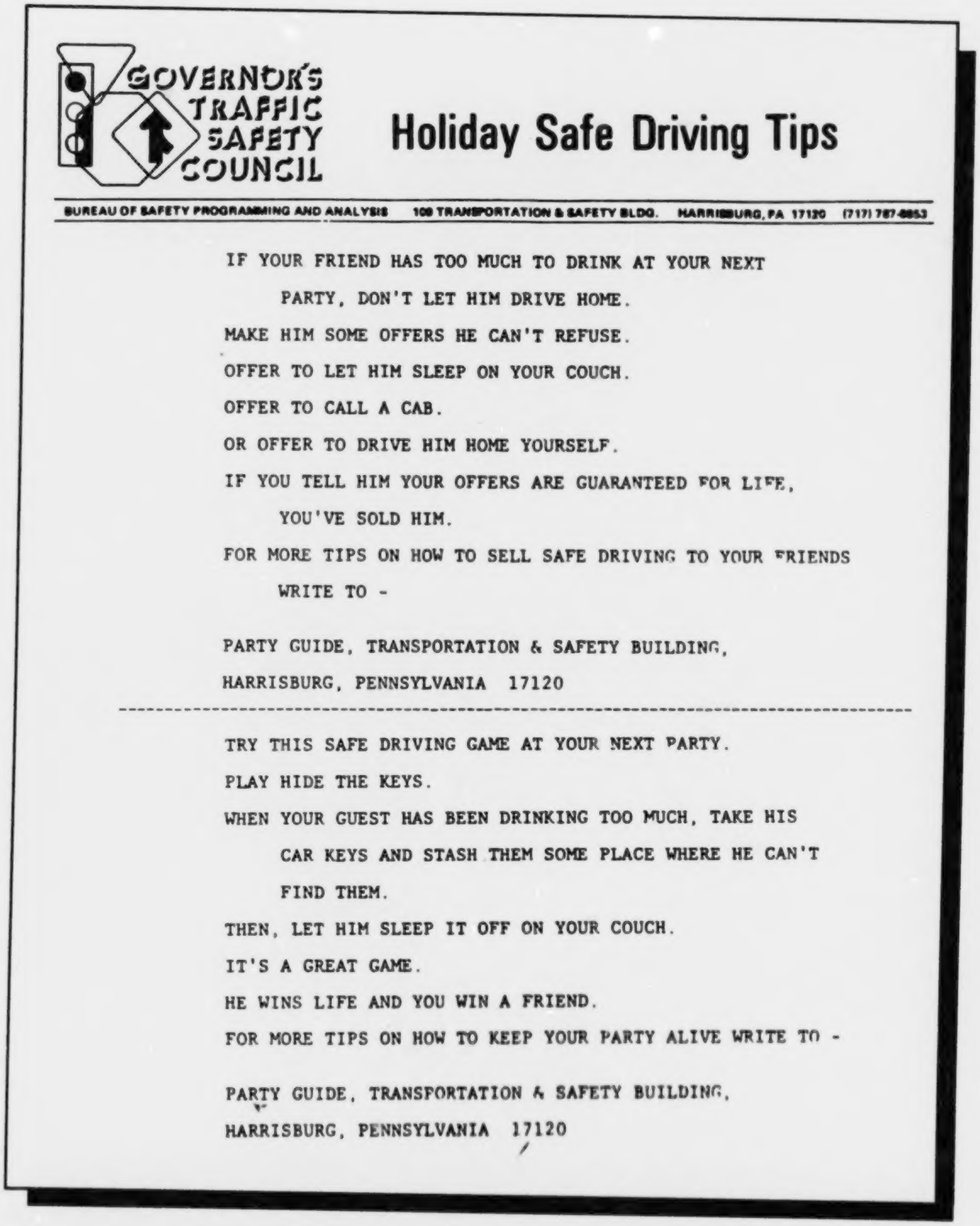
WHO IS MOST LIKELY
TO BECOME AN ALCOHOLIC?
THE CHILD OF AN ALCOHOLIC.

IT'S TRUE.
ABOUT FIFTY PER CENT OF TODAY'S ALCOHOLICS
HAD ALCOHOLIC PARENTS.

BUT THE CHAIN CAN BE BROKEN --
WITH EDUCATION.
SO...THE NASSAU COUNTY DEPARTMENT
OF DRUG AND ALCOHOL ADDICTION
RUNS TWO CHILDREN'S EDUCATION SERIES --
ONE FOR THOSE NINE-TO-THIRTEEN
AND THE OTHER FOR THIRTEEN-TO-SEVENTEEN YEAR OLDS.

TO HELP SAVE A CHILD YOU KNOW FROM ALCOHOLISM,
CALL THE DEPARTMENT AT 516-542-3975.

THE NASSAU COUNTY DEPARTMENT OF DRUG AND ALCOHOL ADDICTION
WANTS YOU TO HAVE A HAPPY MEMORIAL DAY WEEKEND.
SO DRIVE SOBERLY.
BEING IN AN ALCOHOL-RELATED ACCIDENT
CAN DESTROY YOUR LIFE
AND THE LIVES OF MANY OTHERS!
IF YOU MUST TRAVEL AFTER DRINKING,
GO AS A PASSENGER...
IN A CAB, BY BUS, OR IN A SOBER FRIEND'S CAR.
THIS HOLIDAY--AND ALL YEAR--
FOLLOW THE BEST SAFETY RULE OF ALL,
IF YOU DRIVE, DON'T DRINK.
IF YOU DRINK, DON'T DRIVE.
FOR HELP, CALL 516-542-3925.



GOVERNOR'S
TRAFFIC
SAFETY
COUNCIL

Holiday Safe Driving Tips

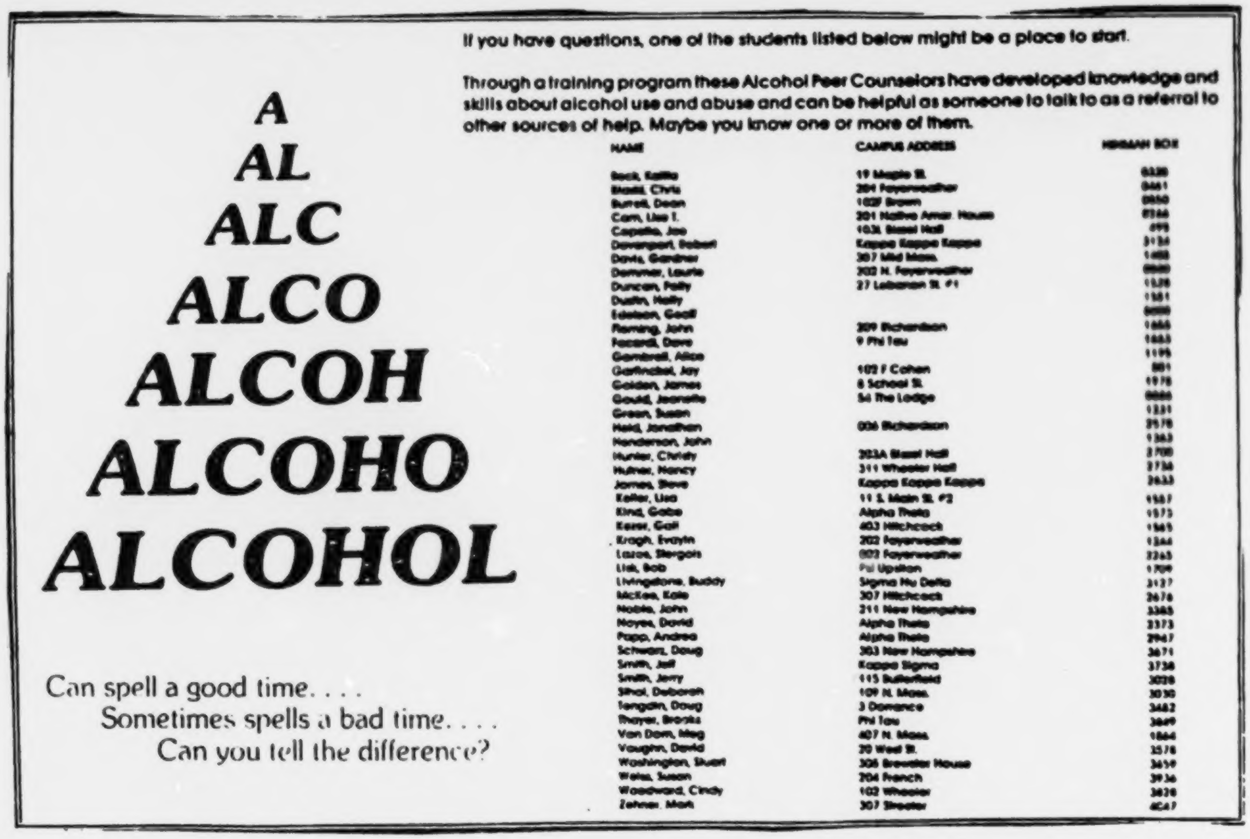
BUREAU OF SAFETY PROGRAMMING AND ANALYSIS 109 TRANSPORTATION & SAFETY BLDG. HARRISBURG, PA 17120 (717) 787-6853

IF YOUR FRIEND HAS TOO MUCH TO DRINK AT YOUR NEXT
PARTY, DON'T LET HIM DRIVE HOME.
MAKE HIM SOME OFFERS HE CAN'T REFUSE.
OFFER TO LET HIM SLEEP ON YOUR COUCH.
OFFER TO CALL A CAB.
OR OFFER TO DRIVE HIM HOME YOURSELF.
IF YOU TELL HIM YOUR OFFERS ARE GUARANTEED FOR LIFE,
YOU'VE SOLD HIM.
FOR MORE TIPS ON HOW TO SELL SAFE DRIVING TO YOUR FRIENDS
WRITE TO -

PARTY GUIDE, TRANSPORTATION & SAFETY BUILDING,
HARRISBURG, PENNSYLVANIA 17120

TRY THIS SAFE DRIVING GAME AT YOUR NEXT PARTY.
PLAY HIDE THE KEYS.
WHEN YOUR GUEST HAS BEEN DRINKING TOO MUCH, TAKE HIS
CAR KEYS AND STASH THEM SOME PLACE WHERE HE CAN'T
FIND THEM.
THEN, LET HIM SLEEP IT OFF ON YOUR COUCH.
IT'S A GREAT GAME.
HE WINS LIFE AND YOU WIN A FRIEND.
FOR MORE TIPS ON HOW TO KEEP YOUR PARTY ALIVE WRITE TO -

PARTY GUIDE, TRANSPORTATION & SAFETY BUILDING,
HARRISBURG, PENNSYLVANIA 17120



A
AL
ALC
ALCO
ALCOH
ALCOHO
ALCOHOL

Can spell a good time. . . .
Sometimes spells a bad time. . . .
Can you tell the difference?

If you have questions, one of the students listed below might be a place to start.

Through a training program these Alcohol Peer Counselors have developed knowledge and skills about alcohol use and abuse and can be helpful as someone to talk to as a referral to other sources of help. Maybe you know one or more of them.

NAME	CAMPUS ADDRESS	HINMAN BOX
Beck, Kathy	19 Maple St.	[illegible]
Blado, Chris	204 Fayerweather	[illegible]
Burrell, Dean	102F Brown	[illegible]
Carn, Lisa T.	201 Native Amer. House	[illegible]
Capello, Joe	103L Bissell Hall	[illegible]
Davenport, Robert	Kappa Kappa Kappa	3134
Davis, Gardner	307 Mid Mass.	[illegible]
Demmer, Laurie	202 N. Fayerweather	[illegible]
Duncan, Polly	27 Lebanon St. #1	[illegible]
Dustin, Holly		1551
Edelson, Geoff		[illegible]
Fleming, John	309 Richardson	[illegible]
Foscardi, Dave	9 Phi Tau	[illegible]
Gambrell, Alice		1195
Garfinckel, Jay	102 F Cohen	[illegible]
Golden, James	6 School St.	1978
Gould, Jeanette	54 The Lodge	[illegible]
Green, Susan		[illegible]
Heid, Jonathan	006 Richardson	[illegible]
Henderson, John		[illegible]
Hunter, Christy	303A Bissell Hall	[illegible]
Hufner, Nancy	311 Wheeler Hall	[illegible]
James, Steve	Kappa Kappa Kappa	[illegible]
Keller, Lisa	11 S. Main St. #2	[illegible]
Kind, Gabe	Alpha Theta	1573
Keser, Gail	403 Hitchcock	[illegible]
Kragh, Evelyn	202 Fayerweather	[illegible]
Lazos, Stergois	002 Fayerweather	[illegible]
Lisk, Bob	Psi Upsilon	[illegible]
Livingstone, Buddy	Sigma Nu Delta	[illegible]
McKee, Kate	307 Hitchcock	2676
Noble, John	211 New Hampshire	[illegible]
Noyes, David	Alpha Theta	2373
Papp, Andrea	Alpha Theta	[illegible]
Schwarz, Doug	303 New Hampshire	3671
Smith, Jeff	Kappa Sigma	[illegible]
Smith, Jerry	115 Butterfield	[illegible]
Sthol, Deborah	109 N. Mass.	[illegible]
Tengdin, Doug	3 Dorrance	3482
Thayer, Brooks	Phi Tau	[illegible]
Van Dam, Meg	407 N. Mass.	[illegible]
Vaughn, David	20 West St.	[illegible]
Washington, Stuart	306 Brewster House	[illegible]
Weiss, Susan	204 French	3936
Woodward, Cindy	102 Wheeler	[illegible]
Zehner, Mark	307 Streeter	[illegible]

Dartmouth College

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ACROSS

1. Using ____ as a mixer will increase the alcohol the alcohol absorption rate in most people.

2. ________ refers to the body's adaptation to a drug so that ever increasing doses are required to achieve the desired effect.

3. In terms of alcohol consumption, a person experiences a ________ when he/she cannot remember events that occurred during or immediately after drinking.

4. The Office of Alcohol Education is located in ________ House, next to Waterman.

5. Alcohol's first effect is on the brain area which controls judgement and ______.

6. Alcohol increases the _______ effect of antihistamines.

7. Alcohol is a ____ which affects the central nervous system.

8. Alcohol is a ____ because it contains calories, but it is almost totally lacking in nutrients needed for maintenance of good health.

9. ________ appears to be the only successful method for controlling alcoholism.

10. When a person passes out from drinking too much, you should lay the person on his/her ___.

11. There are approximately 150 calories in _____ ounces of regular beer.

12. If you have a blood alcohol concentration of .05, you may be picked up for __.

DOWN

1. The focus of the UVM Alcohol Education Program is education rather than ________

2. The alcohol content in most beers is ___ percent.

3. Alcohol has _____ the caloric content of proteins and carbohydrates.

4. Alcohol is thought to be a factor in over ____ of fatal car accidents.

5. The legal drinking age will probably be ________ in Vermont next year.

6. ______ can speed the sobering process.

7. Project CRASH is the mandatory educational program for people picked up for __.

8. People become increasingly intoxicated as long as they are drinking more alcohol than their body can ________.

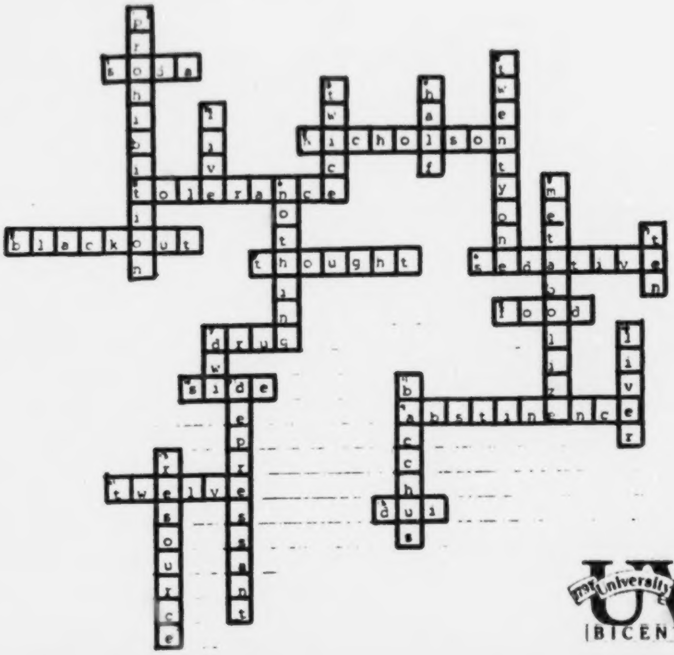
9. Estimates are that one of ___ people will eventually become alcoholics.

10. Alcohol is processed by the _____ at the rate of approximately one half ounce per hour.

11. ______ is the peer education group on the UVM campus.

12. Alcohol is a ________.

13. Books, pamphlets and brochures may be obtained from the Alcohol Education ______ Center.



UVM
1791 University of Vermont 1991
BICENTENNIAL

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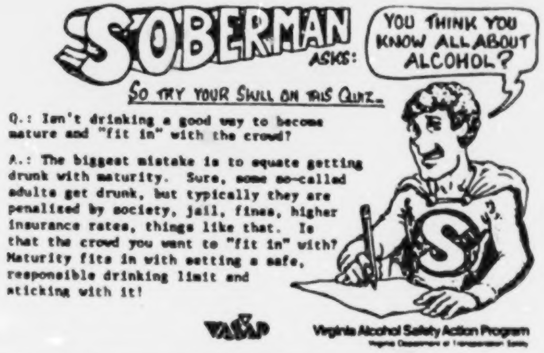
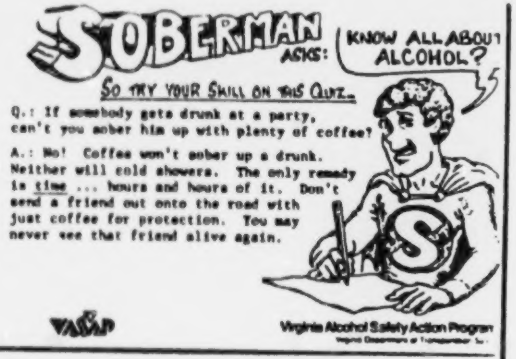

SOBERMAN
ASKS:
YOU THINK YOU KNOW ALL ABOUT ALCOHOL?
SO TRY YOUR SKILL ON THIS QUIZ..
VASAP
Virginia Alcohol Safety Action Program
Virginia Department of Transportation Safety

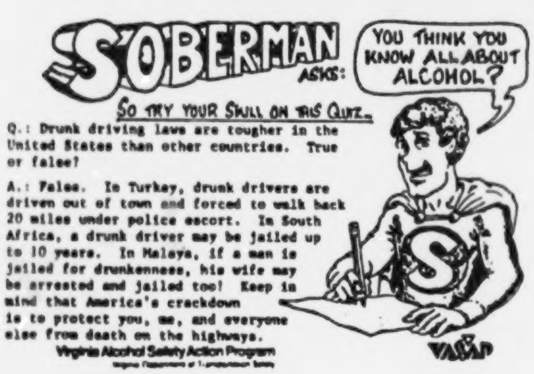
Q.: Isn't drinking a good way to become mature and "fit in" with the crowd?

A.: The biggest mistake is to equate getting drunk with maturity. Sure, some so-called adults get drunk, but typically they are penalized by society, jail, fines, higher insurance rates, things like that. Is that the crowd you want to "fit in" with? Maturity fits in with setting a safe, responsible drinking limit and sticking with it!


SOBERMAN
ASKS:
KNOW ALL ABOUT ALCOHOL?
SO TRY YOUR SKILL ON THIS QUIZ..
VASAP
Virginia Alcohol Safety Action Program
Virginia Department of Transportation Safety

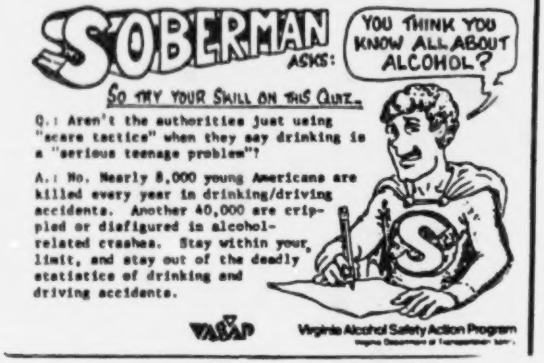
Q.: If somebody gets drunk at a party, can't you sober him up with plenty of coffee?

A.: No! Coffee won't sober up a drunk. Neither will cold showers. The only remedy is time ... hours and hours of it. Don't send a friend out onto the road with just coffee for protection. You may never see that friend alive again.


SOBERMAN
ASKS:
YOU THINK YOU KNOW ALL ABOUT ALCOHOL?
SO TRY YOUR SKILL ON THIS QUIZ..
Virginia Alcohol Safety Action Program
Virginia Department of Transportation Safety
VASAP

Q.: Drunk driving laws are tougher in the United States than other countries. True or false?

A.: False. In Turkey, drunk drivers are driven out of town and forced to walk back 20 miles under police escort. In South Africa, a drunk driver may be jailed up to 10 years. In Malaya, if a man is jailed for drunkenness, his wife may be arrested and jailed too! Keep in mind that America's crackdown is to protect you, me, and everyone else from death on the highways.


SOBERMAN
ASKS:
YOU THINK YOU KNOW ALL ABOUT ALCOHOL?
SO TRY YOUR SKILL ON THIS QUIZ..
VASAP
Virginia Alcohol Safety Action Program
Virginia Department of Transportation Safety

Q.: Aren't the authorities just using "scare tactics" when they say drinking is a "serious teenage problem"?

A.: No. Nearly 8,000 young Americans are killed every year in drinking/driving accidents. Another 40,000 are crippled or disfigured in alcohol-related crashes. Stay within your limit, and stay out of the deadly statistics of drinking and driving accidents.

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Media Channels for Getting The Word Out About Drunk Driving

Television and Radio

Public service announcements used on the air
Public service announcements as trigger films
Talk show appearances
Editorials
Hard new coverage of events
Community calendar and "Speak-out" segments
Cable channel appearances
Station identification messages
Paid commercials by corporations
Evening magazine segments
Display line copy and tag lines
Facts sheets for ad libbing

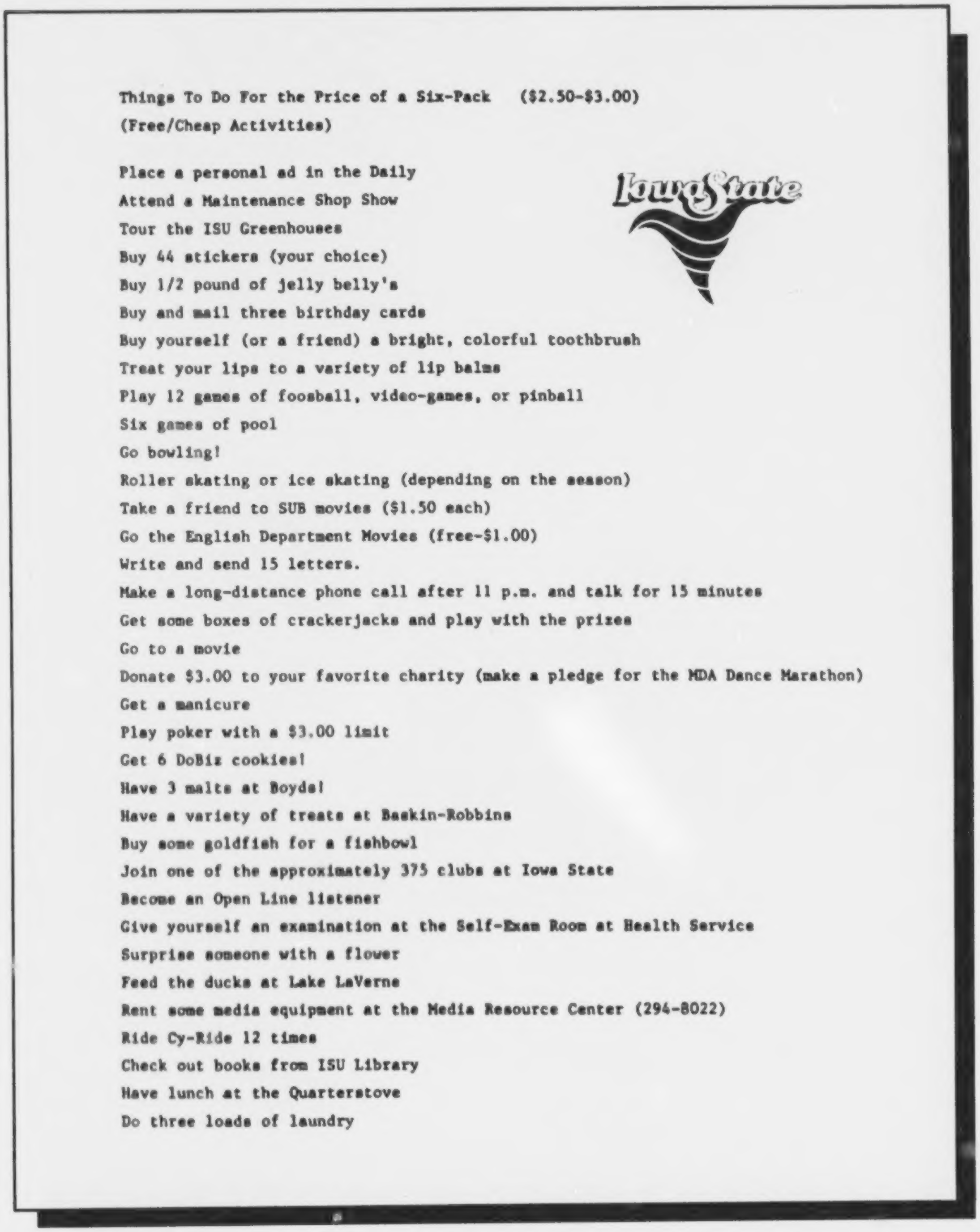
Films

Motion picture films
Trailer shorts for local movie houses
Trigger films to facilitate discussion

Print

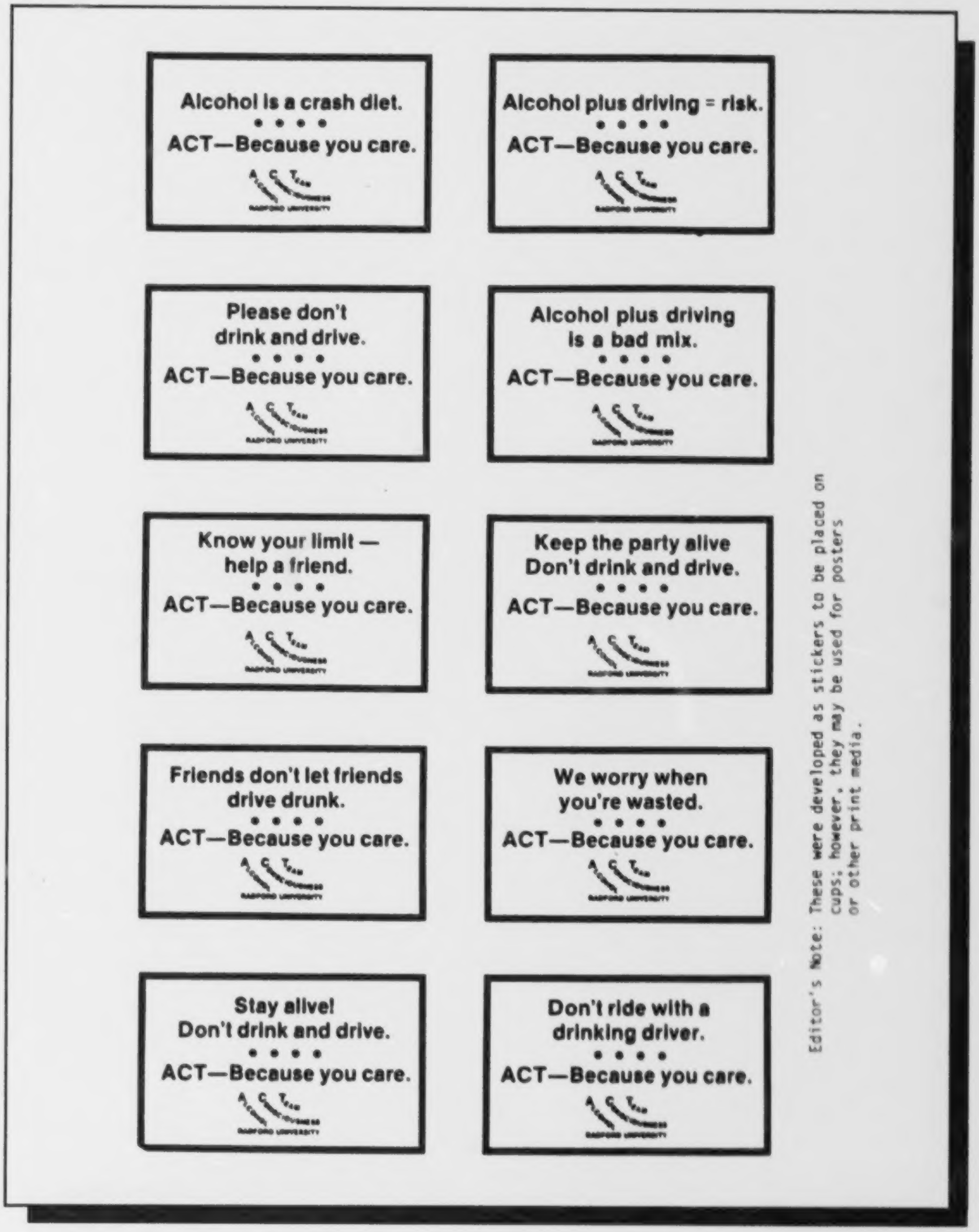
Press releases
Speeches
Feature articles
Messages on State stationery
Names of convicted DWIs in newspaper
Sobriety checkpoint brochure
Press kit
Facts in State's Driver's Manual
Questions on license examination
Messages on tickets and programs
Know your limit cards
Speaker's bureau brochure
Personal letter to community leaders
Highway signs listing sanctions and/or warnings
Patrol car signs
Love tags for kids, "Don't Drink and Drive, Mom and Dad"
Parking meter stickers
Fuel pump signs
Litter bags, calendars, pocket savers
Bar signs
Placemats, book covers and markers
Toll booth messages and ticket impressions
Pay check impressions
Hitch-hike mailing with monthly statements
Burma shave styled signs
Pledge cards between parents and young adults
Bottle neck hangers on mixers
Meeting ready materials
Messages on products (e.g., back of milk cartons)
Sobriety check point signs
Moving message panels
Health column questions and answers
Bumper stickers
Vanity license plates
Sport schedule messages
Decals for dash boards
Decals for telephones
Billboard advertising
Street banners
Free ride in a taxi cards
Essay, poster contests
Petitions
Corporate drunk driving policy
Telephone survey
Resource lists (films, speeches and materials)
Messages in tuxedo vest pockets for prom night
Plaques and certificates of appreciation
Incentive awards for police officers

Source: "101 Drunk Driving Public Information Ideas"
National Highway Traffic Safety Administration



Things To Do For the Price of a Six-Pack ($2.50-$3.00)
(Free/Cheap Activities)

- Place a personal ad in the Daily
- Attend a Maintenance Shop Show
- Tour the ISU Greenhouses
- Buy 44 stickers (your choice)
- Buy 1/2 pound of jelly belly's
- Buy and mail three birthday cards
- Buy yourself (or a friend) a bright, colorful toothbrush
- Treat your lips to a variety of lip balms
- Play 12 games of foosball, video-games, or pinball
- Six games of pool
- Go bowling!
- Roller skating or ice skating (depending on the season)
- Take a friend to SUB movies ($1.50 each)
- Go the English Department Movies (free-$1.00)
- Write and send 15 letters.
- Make a long-distance phone call after 11 p.m. and talk for 15 minutes
- Get some boxes of crackerjacks and play with the prizes
- Go to a movie
- Donate $3.00 to your favorite charity (make a pledge for the MDA Dance Marathon)
- Get a manicure
- Play poker with a $3.00 limit
- Get 6 DoBiz cookies!
- Have 3 malts at Boyds!
- Have a variety of treats at Baskin-Robbins
- Buy some goldfish for a fishbowl
- Join one of the approximately 375 clubs at Iowa State
- Become an Open Line listener
- Give yourself an examination at the Self-Exam Room at Health Service
- Surprise someone with a flower
- Feed the ducks at Lake LaVerne
- Rent some media equipment at the Media Resource Center (294-8022)
- Ride Cy-Ride 12 times
- Check out books from ISU Library
- Have lunch at the Quarterstove
- Do three loads of laundry



Alcohol is a crash diet.
• • • •
ACT—Because you care.

Alcohol plus driving = risk.
• • • •
ACT—Because you care.

Please don't
drink and drive.
• • • •
ACT—Because you care.

Alcohol plus driving
is a bad mix.
• • • •
ACT—Because you care.

Know your limit —
help a friend.
• • • •
ACT—Because you care.

Keep the party alive
Don't drink and drive.
• • • •
ACT—Because you care.

Friends don't let friends
drive drunk.
• • • •
ACT—Because you care.

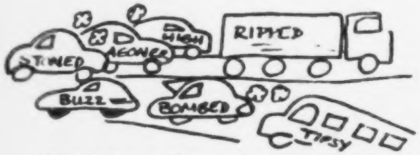
We worry when
you're wasted.
• • • •
ACT—Because you care.

Stay alive!
Don't drink and drive.
• • • •
ACT—Because you care.

Don't ride with a
drinking driver.
• • • •
ACT—Because you care.

Editor's Note: These were developed as stickers to be placed on cups; however, they may be used for posters or other print media.

At any time of the day one out of every 50 drivers is intoxicated. One out of every 10 drivers during the peak alcohol times and days, 10pm-4am on Fridays, Saturdays and Sundays, is intoxicated.



DUI drivers factor in about ⅓ of all highway fatalities = 28,000 deaths each year. 750,000 Americans are crippled or injured every year as a result of DUI.

The leading cause of death among 15-24 year olds is drunk driving.

The Pennsylvania DUI Law (Driving Under the Influence of alcohol or a controlled substance) was passed on January 14, 1983.

The law says that a person shall not operate or be in actual control of the movement of any vehicle while under the influence of alcohol, a controlled substance or a combination of both, to a degree which renders the person incapable of driving, or if the BAC (Blood Alcohol Content) is 0.10% or greater.

Only one in 2,000 drunk drivers is arrested, and far fewer are punished.

The average person arrested in the U.S. is at a 0.20% BAC, twice the legal limit!

However, a person can be charged with DUI having a BAC lower than 0.10%, but greater than 0.05%. Factors influencing this charge are the person's observed driving ability, the presence of an accident, and the results of a field sobriety test.

It is deemed that when you receive your drivers license that you have given your consent to submit to one or more chemical tests of breath, blood or urine for the purpose of determining your BAC or the presence of a controlled substance. Failure to comply can result in a 1 year suspension of a person's operating priveleges, and automatically disqualify a person for A.R.D. (Accelerated Rehabilitative Disposition).

A.R.D. is a diversion program for first time offenders. In Centre County a person must have a BAC below 0.25% to be accepted into the program (this value varies from county to county). Also, the person must not have been involved in an accident resulting in personal injury or property damage.

Influence - Penn State University

In a preliminary hearing the defendent may either plead guilty to charges and request an A.R.D., or plead guilty and await trial. If guilty there is a $300.00 fine, and a minimum term of 48 consecutive hours imprisonment. Acceptance into A.R.D. means avoiding going to jail and escaping a conviction.

If convicted within 7 years of the first offense, A.R.D. counts as a first offense. Imprisonment is extended to 30 days on the second offense and a minimum of 90 days on a third offense.

Because of slowed reflexes, impaired judgement, and lack of concentration the risk of a person becoming involved in a crash begins at 0.05% BAC, at a 0.10% BAC a person is 7 times more likely to crash than if he or she was sober, at 0.15% BAC a person is 25 times more likely to have an accident.

The amount of alcohol in your blood is influenced by the rate at which you drink. The more drinks you have over a shorter period of time, the faster alcohol will accumulate in your blood. Conversely, the slower you drink, the lower the blood alcohol concentration will be because your body is gradually eliminating the alcohol.

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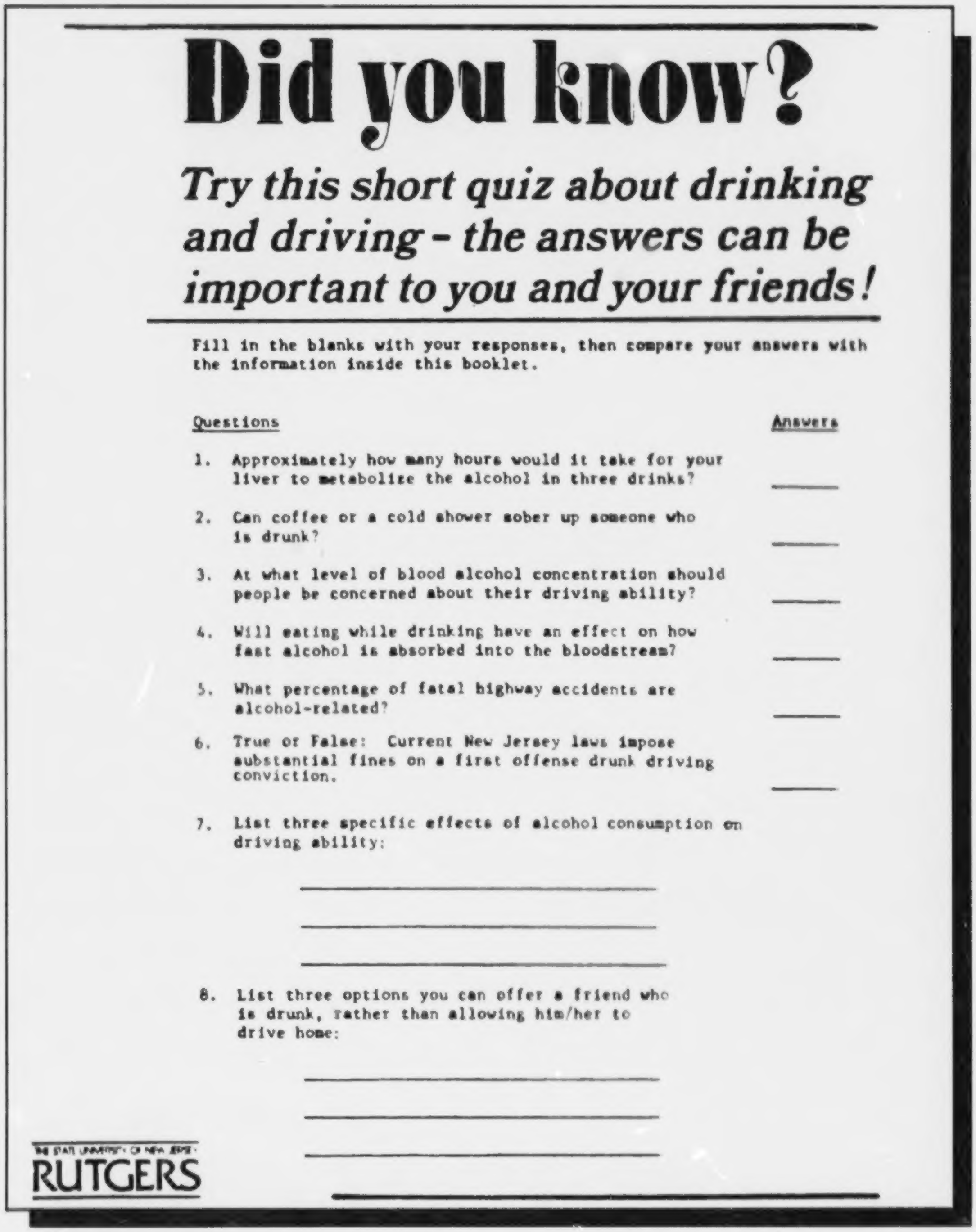

Did you know?

Try this short quiz about drinking and driving - the answers can be important to you and your friends!

Fill in the blanks with your responses, then compare your answers with the information inside this booklet.

Questions Answers

1. Approximately how many hours would it take for your liver to metabolize the alcohol in three drinks? ______
2. Can coffee or a cold shower sober up someone who is drunk? ______
3. At what level of blood alcohol concentration should people be concerned about their driving ability? ______
4. Will eating while drinking have an effect on how fast alcohol is absorbed into the bloodstream? ______
5. What percentage of fatal highway accidents are alcohol-related? ______
6. True or False: Current New Jersey laws impose substantial fines on a first offense drunk driving conviction. ______
7. List three specific effects of alcohol consumption on driving ability:

   ____

   ____

   ____
8. List three options you can offer a friend who is drunk, rather than allowing him/her to drive home:

   ____

   ____

   ____

THE STATE UNIVERSITY OF NEW JERSEY
RUTGERS

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the Party's Over for the Drunk Driver

THE HIGH CO$T

of DRIVING WHILE INTOXICATED

PREDICTIONS

Your
FUTURE

Can we find the future in a crystal ball, or see it in the stars? Shakespeare said our fate "is not in our stars, but in ourselves."

By means of present decisions and choices we anticipate, plan, yes, even create, our own futures.

Some people's futures are perhaps more predictable than others. Their possibilities are somewhat narrowed down. Persons who drive after drinking too much, for example, could be facing some very unpleasant future events.

Please read on.

Editor's Note: This page contains the covers of three brochures, the next three pages contain the insides of these brochures.

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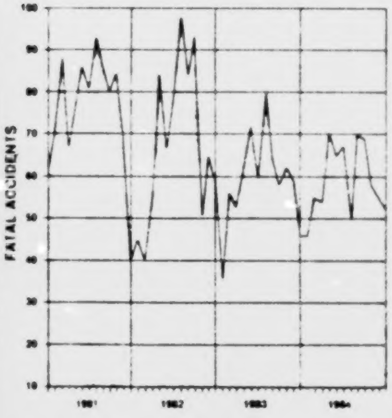
Drunk driving is a nationwide problem that takes the lives of nearly 70 persons every day. In Pennsylvania drunk drivers will not escape the consequences of their actions. Upon conviction, drunk drivers can be sentenced to jail.

The law which became effective January 14, 1983 has streamlined the arrest and conviction process. This, in conjunction with stern penalties, is making a difference in Pennsylvania.

ALCOHOL RELATED FATAL ACCIDENTS
1981-1984



Source: Pa. Bureau of Safety Programming and Analysis

Here's Why Drinking and Driving Won't Mix in Pennsylvania

Penalties Under Act 289
The Driving Under The Influence Law

A police officer can require a suspected drunk driver to take any or all of the three major alcohol content tests: breath, blood or urine. Refusal to submit to testing will result in a one-year license suspension and can be used as evidence at a trial for drunk driving.

A test showing blood alcohol content of .10 percent or greater while driving is evidence of drunk driving.

A first-time conviction for drunk driving requires a *minimum 48 hour jail term and a minimum $300 fine.* These penalties could go as high as two years in jail and a $5,000 fine.

Mandatory minimum sentences for repeat offenders are 30 days for a second conviction, 90 days for a third and one year for any subsequent convictions.

A conviction will automatically suspend the driver's license for one year and requires attendance at an Alcohol Highway Safety School at the driver's expense.

The ARD Alternative

The law does provide a **one-time** alternative to trial, conviction and mandatory jail sentencing. The Accelerated Rehabilitative Disposition (ARD) program is a means of dealing with the first-time offender without going to trial. But the law contains "reinforcements" to encourage rehabilitation and to discourage any future drunk driving by "first-time" offenders. In addition, the ARD program will not be available to drunk drivers who have caused serious injuries or deaths.

To enter the ARD program, the first-time offender must:

- Be recommended by the district attorney following a review of the driver's alcohol intake profile.
- Waive the right to a trial.
- Pay for any damages if an accident was involved.
- Give up his/her license for at least one month–possibly a year.
- Attend a five-week Alcohol Highway Safety School.
- Live up to all requirements or return to court to face trial and conviction.
- Understand that any second offense of drunk driving within seven years will be treated as a second conviction with a minimum 30-day jail term.
- Pay for all costs associated with school, treatment, evaluations, restitution and other fees imposed by the courts.

The Party's Over For The Drunk Driver - Pennsylvania

THE PROBLEM

ALCOHOL RELATED TRAFFIC ACCIDENTS CLAIM APPROXIMATELY 25,000 LIVES NATIONALLY, SERIOUSLY INJURE 300,000 OTHERS AND COST OUR SOCIETY MORE THAN $10 BILLION ANNUALLY.

IN COLORADO APPROXIMATELY 50% OF ALL FATAL ACCIDENTS AND 56% OF ALL INJURY ACCIDENTS ARE ALCOHOL RELATED. 60% OF ALL FATAL MOTORCYCLE ACCIDENTS INVOLVED ALCOHOL IMPAIRED DRIVERS.

IN COLORADO ALONE, THE ECONOMIC IMPACT OF ALCOHOL RELATED FATAL ACCIDENTS IS ESTIMATED AT $65 MILLION, WITH INJURY ACCIDENTS IN EXCESS OF $180 MILLION.

THE LEADING CAUSE OF DEATH AMONG 15-24 YEAR OLDS IS DRUNK DRIVING.

EVERY YEAR OVER 37,000 DRIVERS IN COLORADO ARE ARRESTED AND CHARGED WITH DRIVING UNDER THE INFLUENCE OR DRIVING WHILE ABILITY IMPAIRED.

TWO-THIRDS OF THOSE CHARGED FOR D.U.I. OR D.W.A.I. EXHIBIT PROBLEM DRINKING.

THE AVERAGE BLOOD/ALCOHOL CONCENTRATION IS .18%, WHICH IS ALMOST TWICE THE LEGAL LEVEL.

PENALTIES UPON CONVICTION FOR DRIVING UNDER THE INFLUENCE.

Offense	Jail Term	Mandatory	Jail Term That May Be Suspended With Treatment	Fine	Public Service*
First DUI	5 days-1 year	5 days	5 days	$300 to $1,000	48 to 96 hours
Second DUI within 5 years	90 days-5 years	90 days	83 days	$500 to $1,500	60 to 120 hours
First DWAI	2 days-180 days	2 days	2 days	$100 to $500	24 to 48 hours
Second DWAI within 5 years	45 days-1 year	45 days	40 days	$300 to $1,000	48 to 96 hours
DWAI with prior DUI within five years	60 days-1 year	60 days	54 days	$400 to $1,200	52 to 104 hours
DUI with prior DWAI within 5 years	70 days-1 year	70 days	63 days	$450 to $1,500	56 to 112 hours

Vehicular Assault (with bodily injury) Upon conviction, 1-2 years in penitentiary
Vehicular Homicide (with death) Upon conviction, 2-4 years in penitentiary
**Minimum number of Public Service hours is mandatory and may not be suspended.*

THE LAW

42-2-1202 (1) (a) It is a misdemeanor for any person who is under the influence of intoxicating liquor to drive any vehicle in this state.

(b) It is a misdemeanor for any person to drive any vehicle in this state while such person's ability to operate a vehicle is impaired by the consumption of alcohol.

LEVELS OF INTOXICATION OR IMPAIRMENT:

DUI - According to Colorado Law, you are considered Under The Influence when your blood alcohol level is .10% or higher

DWAI - Blood alcohol levels for Driving While Ability Impaired are .05% to .099%.

PER SE - With a Blood Alcohol Level of .15% or higher, there is no presumption of intoxication—you are guilty, and your drivers license is immediately revoked.

EXPRESS CONSENT - By the act of driving, Colorado drivers expressly agree to take a chemical test if they are suspected of drunk driving.
If a driver refuses to take a chemical test when an officer has reasonable grounds to suspect DUI, or if test results show .15% or higher, the Department of Revenue will administratively revoke your drivers license for one year. A probationary license will not be issued during this period.
A driver is entitled to request a hearing within 7 days of the offense to the Department of Revenue.

The High Cost of Driving While Intoxicated - Colorado State Patrol

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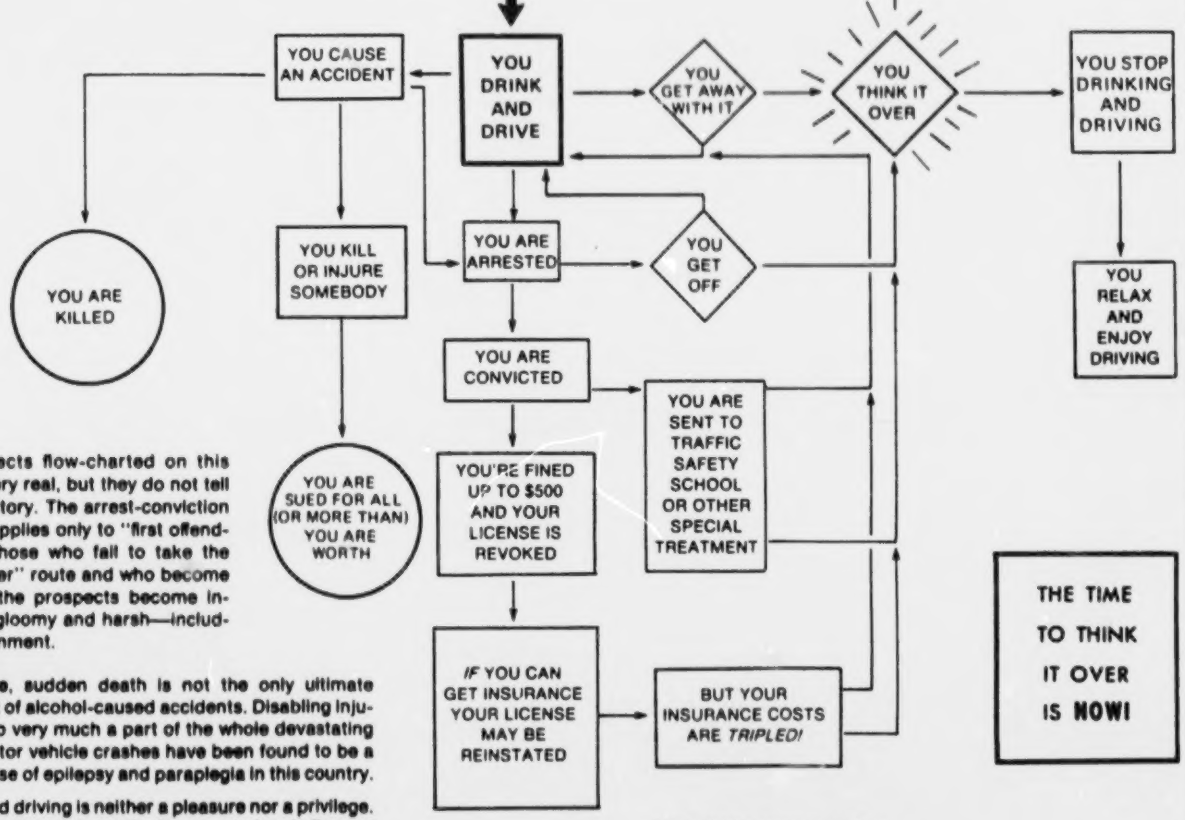
WHAT ARE YOUR PROSPECTS AS A DRINKING* DRIVER?


YOU CAUSE AN ACCIDENT
YOU DRINK AND DRIVE
YOU GET AWAY WITH IT
YOU THINK IT OVER
YOU STOP DRINKING AND DRIVING
YOU ARE KILLED
YOU KILL OR INJURE SOMEBODY
YOU ARE ARRESTED
YOU GET OFF
YOU RELAX AND ENJOY DRIVING
YOU ARE CONVICTED
YOU ARE SENT TO TRAFFIC SAFETY SCHOOL OR OTHER SPECIAL TREATMENT
YOU ARE SUED FOR ALL (OR MORE THAN) YOU ARE WORTH
YOU'RE FINED UP TO $500 AND YOUR LICENSE IS REVOKED
THE TIME TO THINK IT OVER IS NOW!
IF YOU CAN GET INSURANCE YOUR LICENSE MAY BE REINSTATED
BUT YOUR INSURANCE COSTS ARE *TRIPLED!*

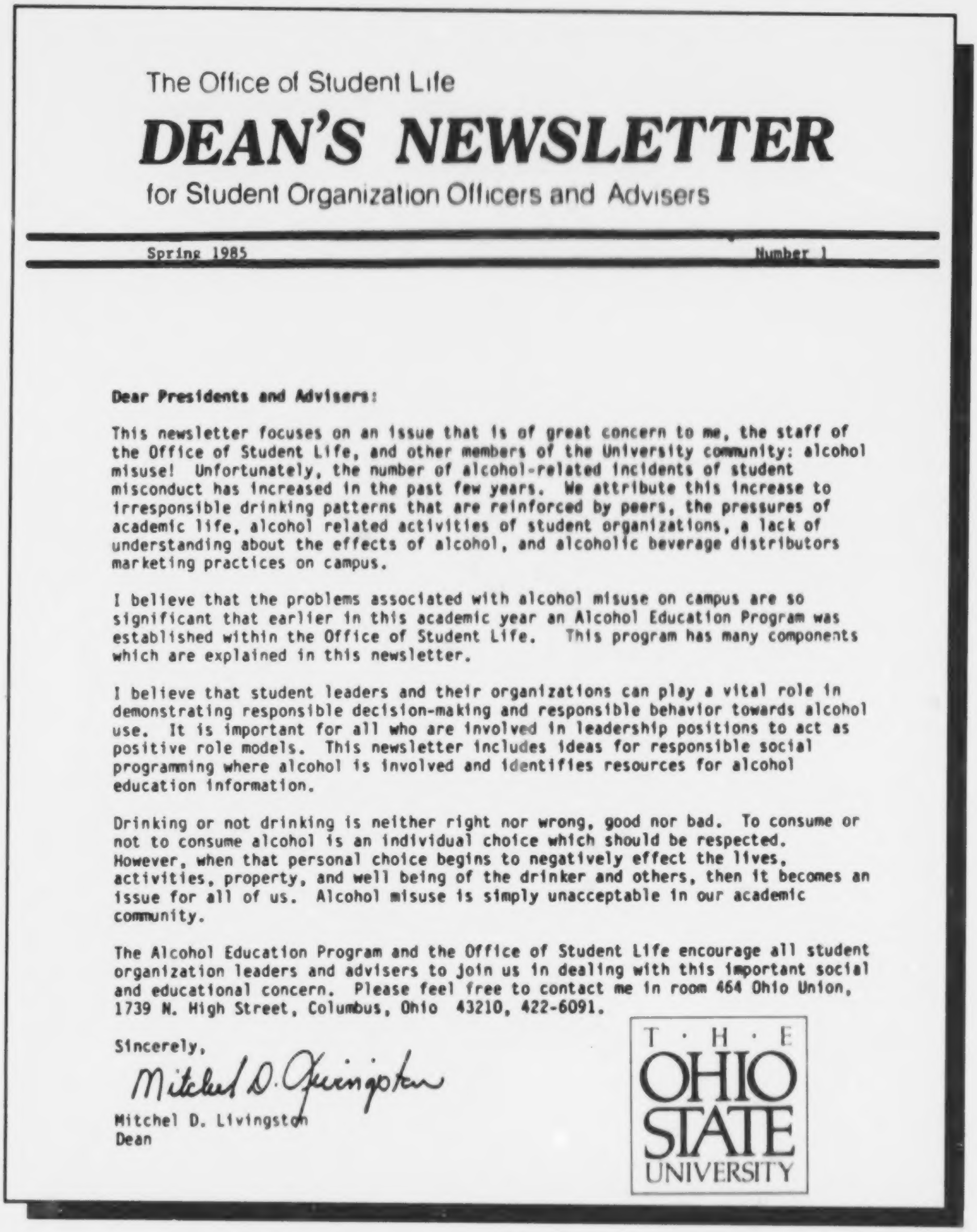
The prospects flow-charted on this page are very real, but they do not tell the whole story. The arrest-conviction sequence applies only to "first offenders." For those who fail to take the "think it over" route and who become repeaters, the prospects become increasingly gloomy and harsh—including imprisonment.

Furthermore, sudden death is not the only ultimate human cost of alcohol-caused accidents. Disabling injuries are also very much a part of the whole devastating picture. Motor vehicle crashes have been found to be a leading cause of epilepsy and paraplegia in this country.

Drinking and driving is neither a pleasure nor a privilege. It is a folly, a threat, a deadly danger—to be challenged and overcome by persons of good sense and good will.

* Two drinks or more per hour before driving.

Predictions - State of Wisconsin



The Office of Student Life

DEAN'S NEWSLETTER

for Student Organization Officers and Advisers

Spring 1985 Number 1

Dear Presidents and Advisers:

This newsletter focuses on an issue that is of great concern to me, the staff of the Office of Student Life, and other members of the University community: alcohol misuse! Unfortunately, the number of alcohol-related incidents of student misconduct has increased in the past few years. We attribute this increase to irresponsible drinking patterns that are reinforced by peers, the pressures of academic life, alcohol related activities of student organizations, a lack of understanding about the effects of alcohol, and alcoholic beverage distributors marketing practices on campus.

I believe that the problems associated with alcohol misuse on campus are so significant that earlier in this academic year an Alcohol Education Program was established within the Office of Student Life. This program has many components which are explained in this newsletter.

I believe that student leaders and their organizations can play a vital role in demonstrating responsible decision-making and responsible behavior towards alcohol use. It is important for all who are involved in leadership positions to act as positive role models. This newsletter includes ideas for responsible social programming where alcohol is involved and identifies resources for alcohol education information.

Drinking or not drinking is neither right nor wrong, good nor bad. To consume or not to consume alcohol is an individual choice which should be respected. However, when that personal choice begins to negatively effect the lives, activities, property, and well being of the drinker and others, then it becomes an issue for all of us. Alcohol misuse is simply unacceptable in our academic community.

The Alcohol Education Program and the Office of Student Life encourage all student organization leaders and advisers to join us in dealing with this important social and educational concern. Please feel free to contact me in room 464 Ohio Union, 1739 N. High Street, Columbus, Ohio 43210, 422-6091.

Sincerely,

Mitchel D. Livingston

Mitchel D. Livingston
Dean

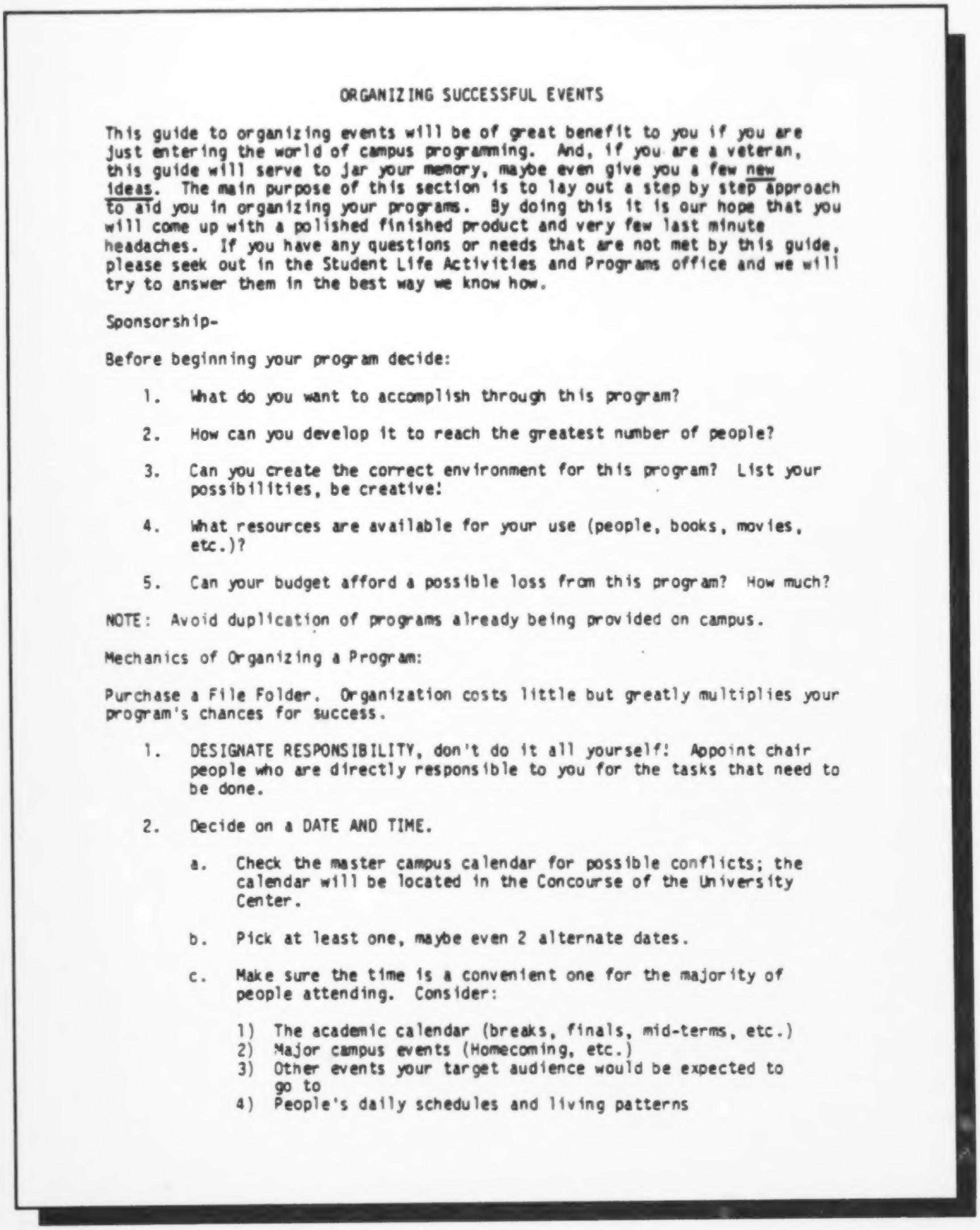
THE
OHIO
STATE
UNIVERSITY

Notes

Index of Chapter 6 Resources

SMALL SCALE EFFORTS

		Pages	
I.	Event Planning	225–236	Includes: • Tips and suggestions for advisors or event sponsors on organizing successful events • Party planning checklist • Sample party themes • Suggestions for party promotion • Tips for guests and hosts and hostesses
II.	Program Presentations	237–244	Includes: • Sample goals, objectives and activities for staff and student sessions
III.	Self-Assessment Guides	245–250	Includes: • "What influences your drinking?" self-test • Stress self-test • Consequence rating exercise – can be used as discussion stimulus
IV.	Academic Courses	251–253	Includes: • "Drinking and Driving: Legal and Social Aspects" sample course • "Alcohol and Society" course
V.	Special Programs	255–263	Includes: • Sample event outlines • Sample brochure on breathalyzer demonstration • Sample drinking & driving game • Sample alcohol awareness week activity



ORGANIZING SUCCESSFUL EVENTS

This guide to organizing events will be of great benefit to you if you are just entering the world of campus programming. And, if you are a veteran, this guide will serve to jar your memory, maybe even give you a few new ideas. The main purpose of this section is to lay out a step by step approach to aid you in organizing your programs. By doing this it is our hope that you will come up with a polished finished product and very few last minute headaches. If you have any questions or needs that are not met by this guide, please seek out in the Student Life Activities and Programs office and we will try to answer them in the best way we know how.

Sponsorship-

Before beginning your program decide:

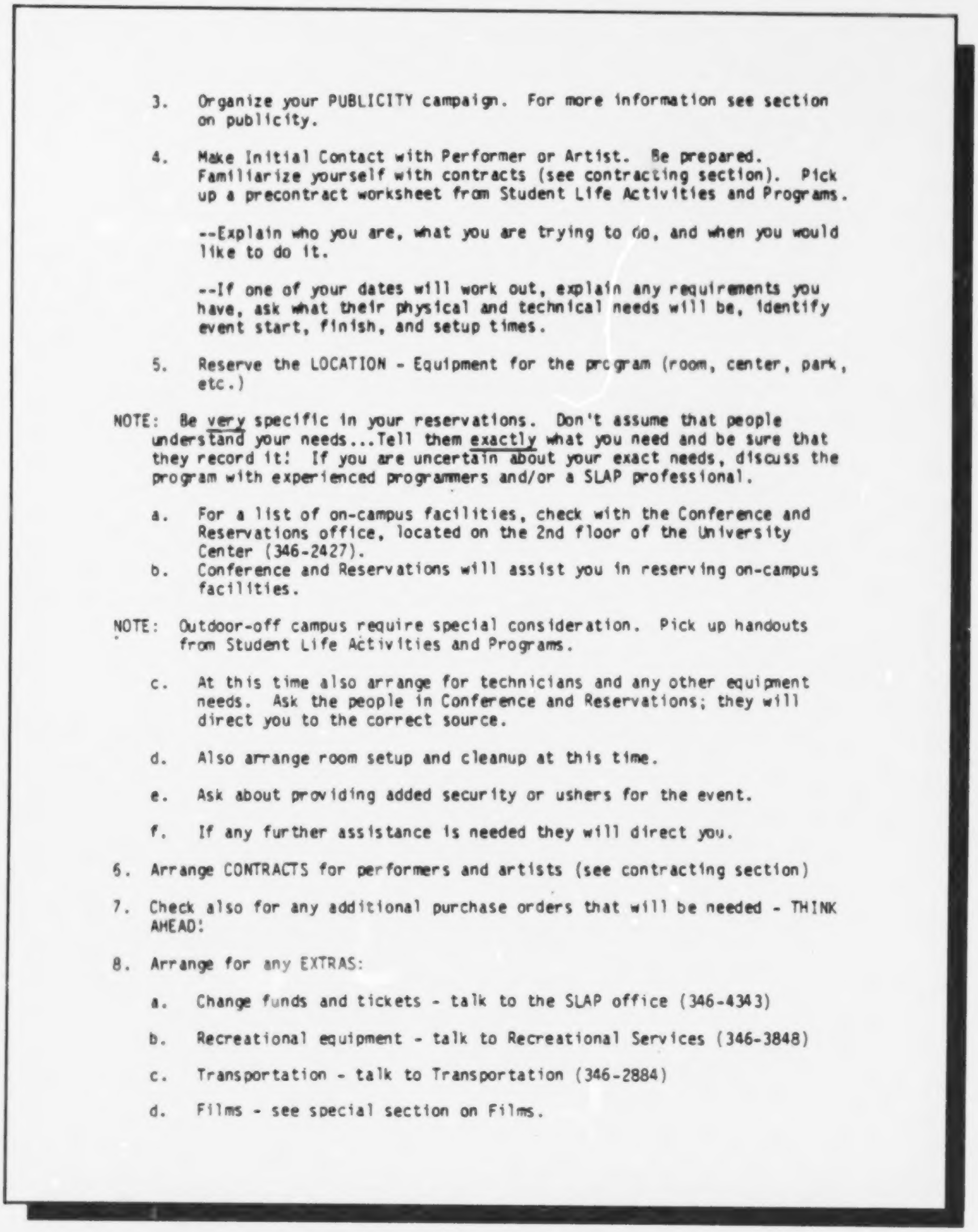
1. What do you want to accomplish through this program?
2. How can you develop it to reach the greatest number of people?
3. Can you create the correct environment for this program? List your possibilities, be creative!
4. What resources are available for your use (people, books, movies, etc.)?
5. Can your budget afford a possible loss from this program? How much?

NOTE: Avoid duplication of programs already being provided on campus.

Mechanics of Organizing a Program:

Purchase a File Folder. Organization costs little but greatly multiplies your program's chances for success.

1. DESIGNATE RESPONSIBILITY, don't do it all yourself! Appoint chair people who are directly responsible to you for the tasks that need to be done.
2. Decide on a DATE AND TIME.
   a. Check the master campus calendar for possible conflicts; the calendar will be located in the Concourse of the University Center.
   b. Pick at least one, maybe even 2 alternate dates.
   c. Make sure the time is a convenient one for the majority of people attending. Consider:
      1) The academic calendar (breaks, finals, mid-terms, etc.)
      2) Major campus events (Homecoming, etc.)
      3) Other events your target audience would be expected to go to
      4) People's daily schedules and living patterns



3. Organize your PUBLICITY campaign. For more information see section on publicity.

4. Make Initial Contact with Performer or Artist. Be prepared. Familiarize yourself with contracts (see contracting section). Pick up a precontract worksheet from Student Life Activities and Programs.

   --Explain who you are, what you are trying to do, and when you would like to do it.

   --If one of your dates will work out, explain any requirements you have, ask what their physical and technical needs will be, identify event start, finish, and setup times.

5. Reserve the LOCATION - Equipment for the program (room, center, park, etc.)

NOTE: Be very specific in your reservations. Don't assume that people understand your needs...Tell them exactly what you need and be sure that they record it! If you are uncertain about your exact needs, discuss the program with experienced programmers and/or a SLAP professional.

   a. For a list of on-campus facilities, check with the Conference and Reservations office, located on the 2nd floor of the University Center (346-2427).
   b. Conference and Reservations will assist you in reserving on-campus facilities.

NOTE: Outdoor-off campus require special consideration. Pick up handouts from Student Life Activities and Programs.

   c. At this time also arrange for technicians and any other equipment needs. Ask the people in Conference and Reservations; they will direct you to the correct source.

   d. Also arrange room setup and cleanup at this time.

   e. Ask about providing added security or ushers for the event.

   f. If any further assistance is needed they will direct you.

6. Arrange CONTRACTS for performers and artists (see contracting section)

7. Check also for any additional purchase orders that will be needed - THINK AHEAD!

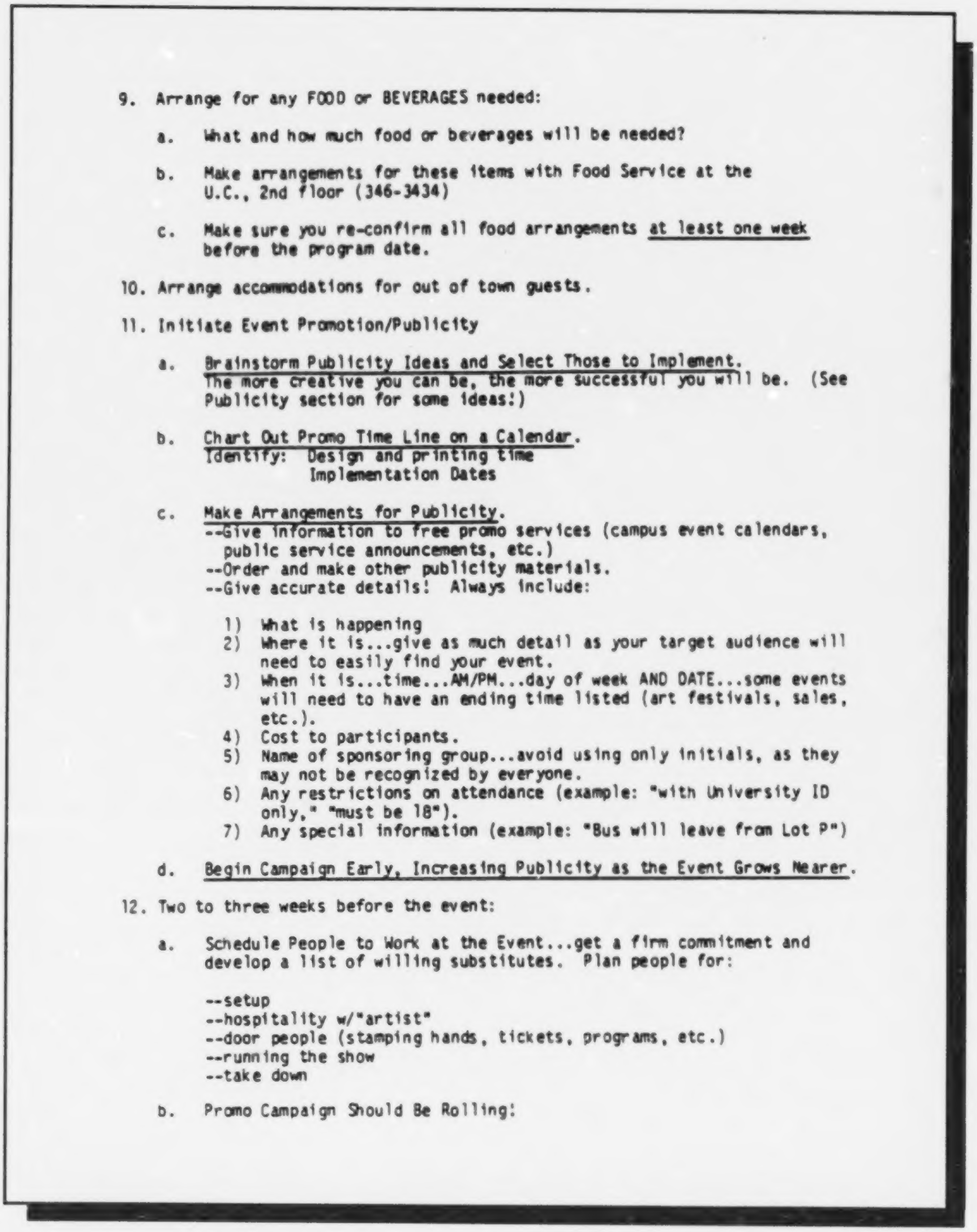
8. Arrange for any EXTRAS:

   a. Change funds and tickets - talk to the SLAP office (346-4343)

   b. Recreational equipment - talk to Recreational Services (346-3848)

   c. Transportation - talk to Transportation (346-2884)

   d. Films - see special section on Films.



9. Arrange for any FOOD or BEVERAGES needed:

    a. What and how much food or beverages will be needed?

    b. Make arrangements for these items with Food Service at the U.C., 2nd floor (346-3434)

    c. Make sure you re-confirm all food arrangements at least one week before the program date.

10. Arrange accommodations for out of town guests.

11. Initiate Event Promotion/Publicity

    a. Brainstorm Publicity Ideas and Select Those to Implement. The more creative you can be, the more successful you will be. (See Publicity section for some ideas!)

    b. Chart Out Promo Time Line on a Calendar.
    Identify: Design and printing time
    Implementation Dates

    c. Make Arrangements for Publicity.
    --Give information to free promo services (campus event calendars, public service announcements, etc.)
    --Order and make other publicity materials.
    --Give accurate details! Always include:

        1) What is happening
        2) Where it is...give as much detail as your target audience will need to easily find your event.
        3) When it is...time...AM/PM...day of week AND DATE...some events will need to have an ending time listed (art festivals, sales, etc.).
        4) Cost to participants.
        5) Name of sponsoring group...avoid using only initials, as they may not be recognized by everyone.
        6) Any restrictions on attendance (example: "with University ID only," "must be 18").
        7) Any special information (example: "Bus will leave from Lot P")

    d. Begin Campaign Early, Increasing Publicity as the Event Grows Nearer.

12. Two to three weeks before the event:

    a. Schedule People to Work at the Event...get a firm commitment and develop a list of willing substitutes. Plan people for:

    --setup
    --hospitality w/"artist"
    --door people (stamping hands, tickets, programs, etc.)
    --running the show
    --take down

    b. Promo Campaign Should Be Rolling:

13. A few days before the event, run a last check with your committee.
    - a. Confirm All Reservations and Set Up Needs - make sure all specifics are taken care of (especially food, lodging, contract, and room arrangements.
    - b. Make Sure All Needed Supplies/Materials Have Been Acquired and Are Organized.
    - c. Make Sure All Promo Is Out and/or ready to implement as scheduled and that people are informed of the event.
    - d. Make Sure That All Event Workers Can Make It and Are Trained To Meet Their Responsibilities.
14. AT THE EVENT, ensure a safe and efficient production--be friendly and helpful
    - a. Arrive early (at setup time). Introduce person in charge to band and student manager.
    - b. Arrange important times with building student manager (e.g., discuss with student manager and leader of entertainment times for breaks, staff and finishing time). This helps eliminate problems before they begin.
    - c. Check with workers to see that all is well.
    - d. Enjoy the event!
    - e. At the close of the evening:
--Thank and pay performer.
--Thank and reward workers and support people.
15. The next few days:
    - a. Return all equipment the day after the event, tie up any loose ends.
    - b. Take down publicity materials.
    - c. Evaluate the event: 1) the program overall; 2) areas which could have been improved on, and 3) areas which ran very well.

      --make note of tips and pointers for similar programs of the future.
      --file with all contract, promo, and planning materials.
    - d. RELAX!

UNIVERSITY OF WISCONSIN
STEVENS POINT

PARTY PLANNING SUGGESTIONS

Ever found yourself responsible for organizing a party? Or maybe you and your friends want to plan a party that is different - - a change from the usual beer soaked blast.

Good parties are ones that focus on peoples' enjoyment rather than alcohol consumption, where the drinking that goes on is not abusive. People do like a party with a theme that stimulates conversation and they do respond to fun activities.

The following are suggestions for party planning with tips for the use of alcohol if it is being served at a gathering. These are provided so that you and your guests can enjoy both the party celebrations and the following day.

Involve Others in Planning the Party -

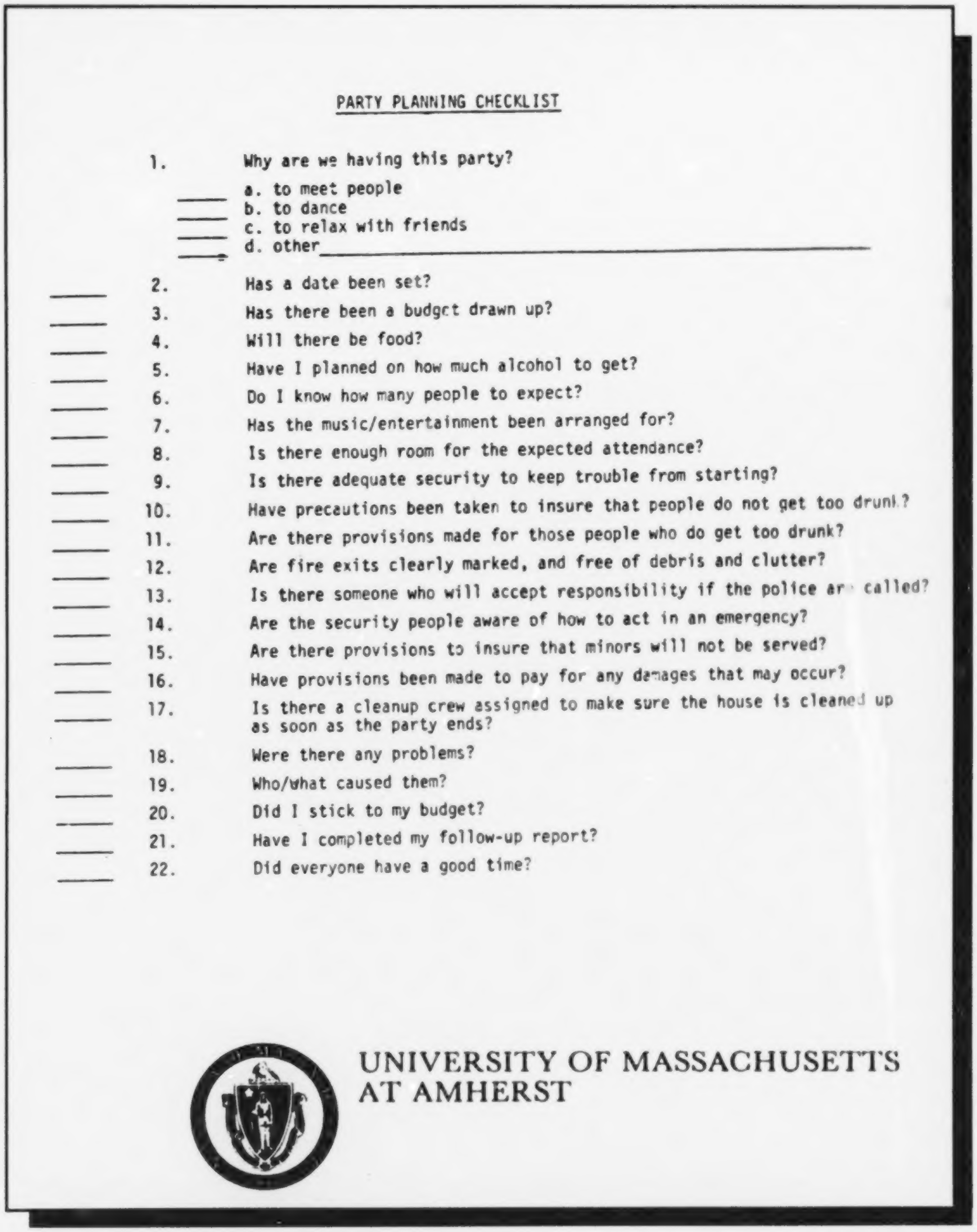
Brainstorming ideas for party themes and sharing responsibilities with friends allows everyone more time to enjoy themselves and create support for the event.

Provide a Theme -

Parties planned around a theme can be fun. Assess your potential party crowd and then choose a theme that's anywhere from traditional to zany. Here are a few ideas:

- Blue Party (everyone must wear one article of blue clothing)
- Games Party
- Sunday Brunch
- After the play, movie, concert party
- Learn the latest step dance party
- Obscure Holiday Party (Beethoven's birthday, National Dog Week)
- Barter Party (everyone bring's a few things they no longer want and trades them for someone else's)
- International Party
- Film Festival Party
- Breakfast Party
- Potluck Dinner Party
- Birthday Party
- Coffee House
- Study Breaks Party
- Formal Dinner Party
- Spaghetti Dinner Party
- Ice-cream Party
- Pizza Party
- Costume Party
- Ski Trip Party
- Dance Marathon Party
- Sixties Party
- End of Decade Party
- Sleigh Ride Party

UNIVERSITY OF MASSACHUSETTS
AT AMHERST



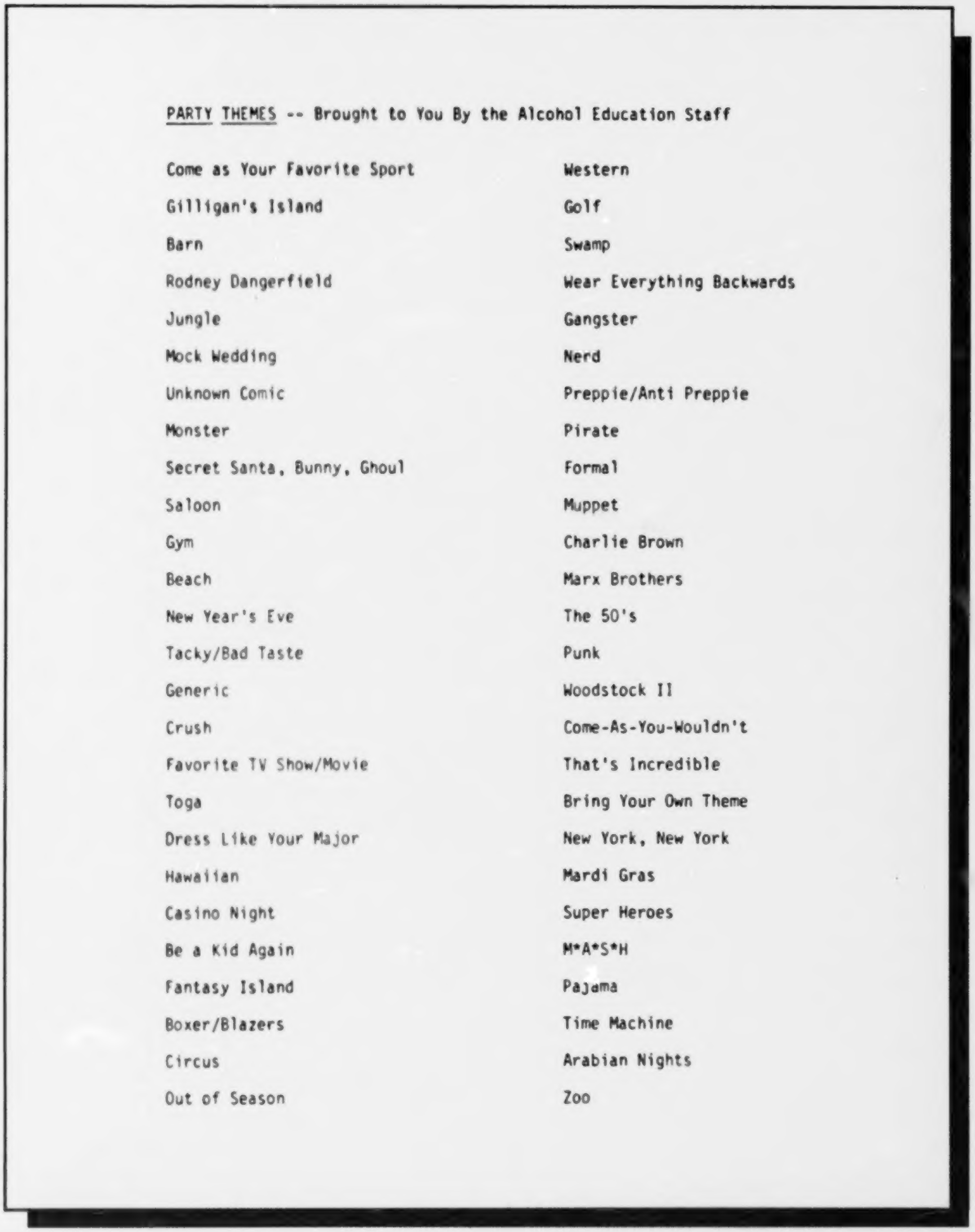
PARTY PLANNING CHECKLIST

1. Why are we having this party?

____ a. to meet people
____ b. to dance
____ c. to relax with friends
____ d. other______________________________

____ 2. Has a date been set?
____ 3. Has there been a budget drawn up?
____ 4. Will there be food?
____ 5. Have I planned on how much alcohol to get?
____ 6. Do I know how many people to expect?
____ 7. Has the music/entertainment been arranged for?
____ 8. Is there enough room for the expected attendance?
____ 9. Is there adequate security to keep trouble from starting?
____ 10. Have precautions been taken to insure that people do not get too drunk?
____ 11. Are there provisions made for those people who do get too drunk?
____ 12. Are fire exits clearly marked, and free of debris and clutter?
____ 13. Is there someone who will accept responsibility if the police are called?
____ 14. Are the security people aware of how to act in an emergency?
____ 15. Are there provisions to insure that minors will not be served?
____ 16. Have provisions been made to pay for any damages that may occur?
____ 17. Is there a cleanup crew assigned to make sure the house is cleaned up as soon as the party ends?
____ 18. Were there any problems?
____ 19. Who/what caused them?
____ 20. Did I stick to my budget?
____ 21. Have I completed my follow-up report?
____ 22. Did everyone have a good time?

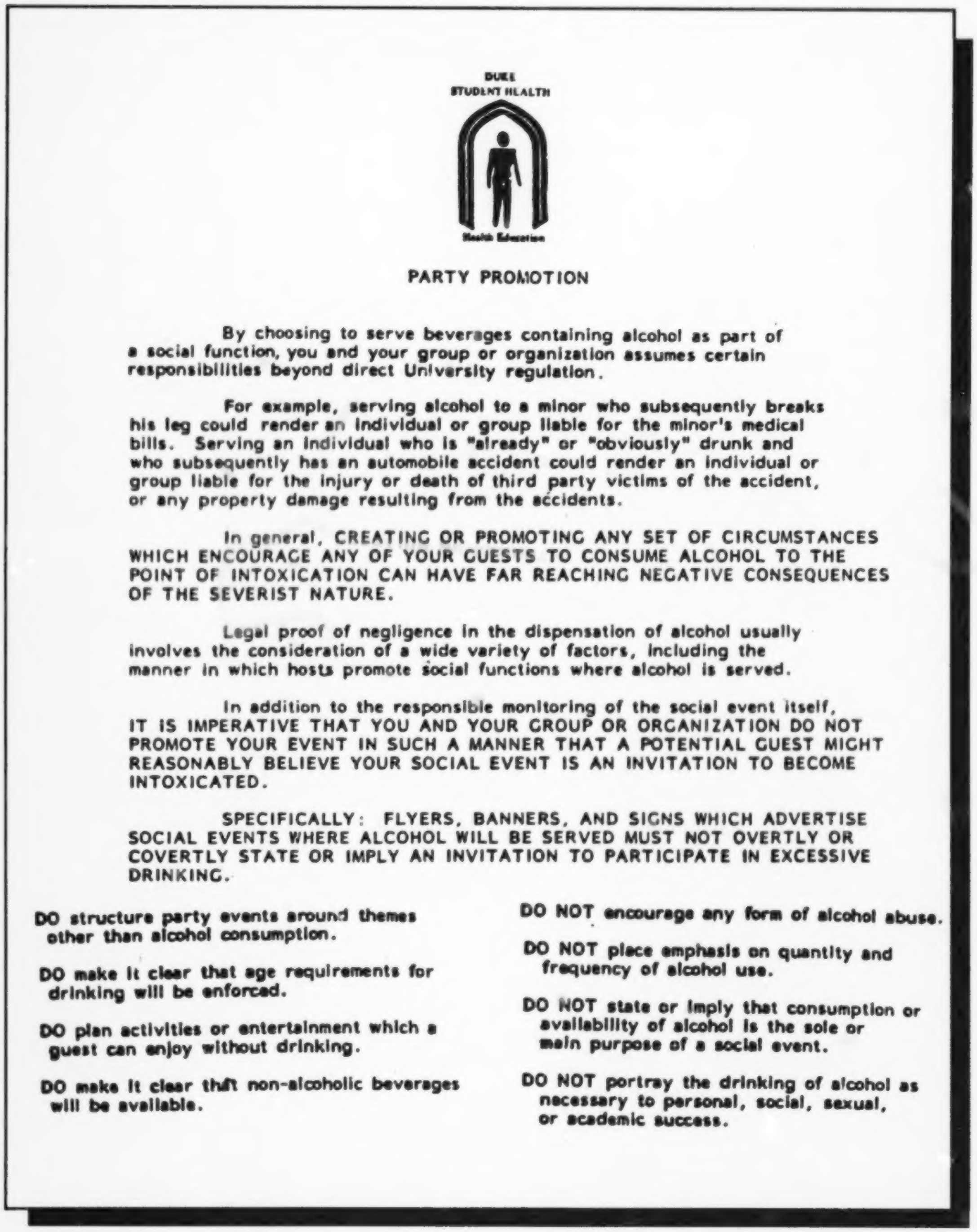
UNIVERSITY OF MASSACHUSETTS
AT AMHERST



PARTY THEMES -- Brought to You By the Alcohol Education Staff

Come as Your Favorite Sport
Gilligan's Island
Barn
Rodney Dangerfield
Jungle
Mock Wedding
Unknown Comic
Monster
Secret Santa, Bunny, Ghoul
Saloon
Gym
Beach
New Year's Eve
Tacky/Bad Taste
Generic
Crush
Favorite TV Show/Movie
Toga
Dress Like Your Major
Hawaiian
Casino Night
Be a Kid Again
Fantasy Island
Boxer/Blazers
Circus
Out of Season

Western
Golf
Swamp
Wear Everything Backwards
Gangster
Nerd
Preppie/Anti Preppie
Pirate
Formal
Muppet
Charlie Brown
Marx Brothers
The 50's
Punk
Woodstock II
Come-As-You-Wouldn't
That's Incredible
Bring Your Own Theme
New York, New York
Mardi Gras
Super Heroes
M*A*S*H
Pajama
Time Machine
Arabian Nights
Zoo



DUKE
STUDENT HEALTH
Health Education

PARTY PROMOTION

By choosing to serve beverages containing alcohol as part of a social function, you and your group or organization assumes certain responsibilities beyond direct University regulation.

For example, serving alcohol to a minor who subsequently breaks his leg could render an individual or group liable for the minor's medical bills. Serving an individual who is "already" or "obviously" drunk and who subsequently has an automobile accident could render an individual or group liable for the injury or death of third party victims of the accident, or any property damage resulting from the accidents.

In general, CREATING OR PROMOTING ANY SET OF CIRCUMSTANCES WHICH ENCOURAGE ANY OF YOUR GUESTS TO CONSUME ALCOHOL TO THE POINT OF INTOXICATION CAN HAVE FAR REACHING NEGATIVE CONSEQUENCES OF THE SEVERIST NATURE.

Legal proof of negligence in the dispensation of alcohol usually involves the consideration of a wide variety of factors, including the manner in which hosts promote social functions where alcohol is served.

In addition to the responsible monitoring of the social event itself, IT IS IMPERATIVE THAT YOU AND YOUR GROUP OR ORGANIZATION DO NOT PROMOTE YOUR EVENT IN SUCH A MANNER THAT A POTENTIAL GUEST MIGHT REASONABLY BELIEVE YOUR SOCIAL EVENT IS AN INVITATION TO BECOME INTOXICATED.

SPECIFICALLY: FLYERS, BANNERS, AND SIGNS WHICH ADVERTISE SOCIAL EVENTS WHERE ALCOHOL WILL BE SERVED MUST NOT OVERTLY OR COVERTLY STATE OR IMPLY AN INVITATION TO PARTICIPATE IN EXCESSIVE DRINKING.

DO structure party events around themes other than alcohol consumption.

DO make it clear that age requirements for drinking will be enforced.

DO plan activities or entertainment which a guest can enjoy without drinking.

DO make it clear that non-alcoholic beverages will be available.

DO NOT encourage any form of alcohol abuse.

DO NOT place emphasis on quantity and frequency of alcohol use.

DO NOT state or imply that consumption or availability of alcohol is the sole or main purpose of a social event.

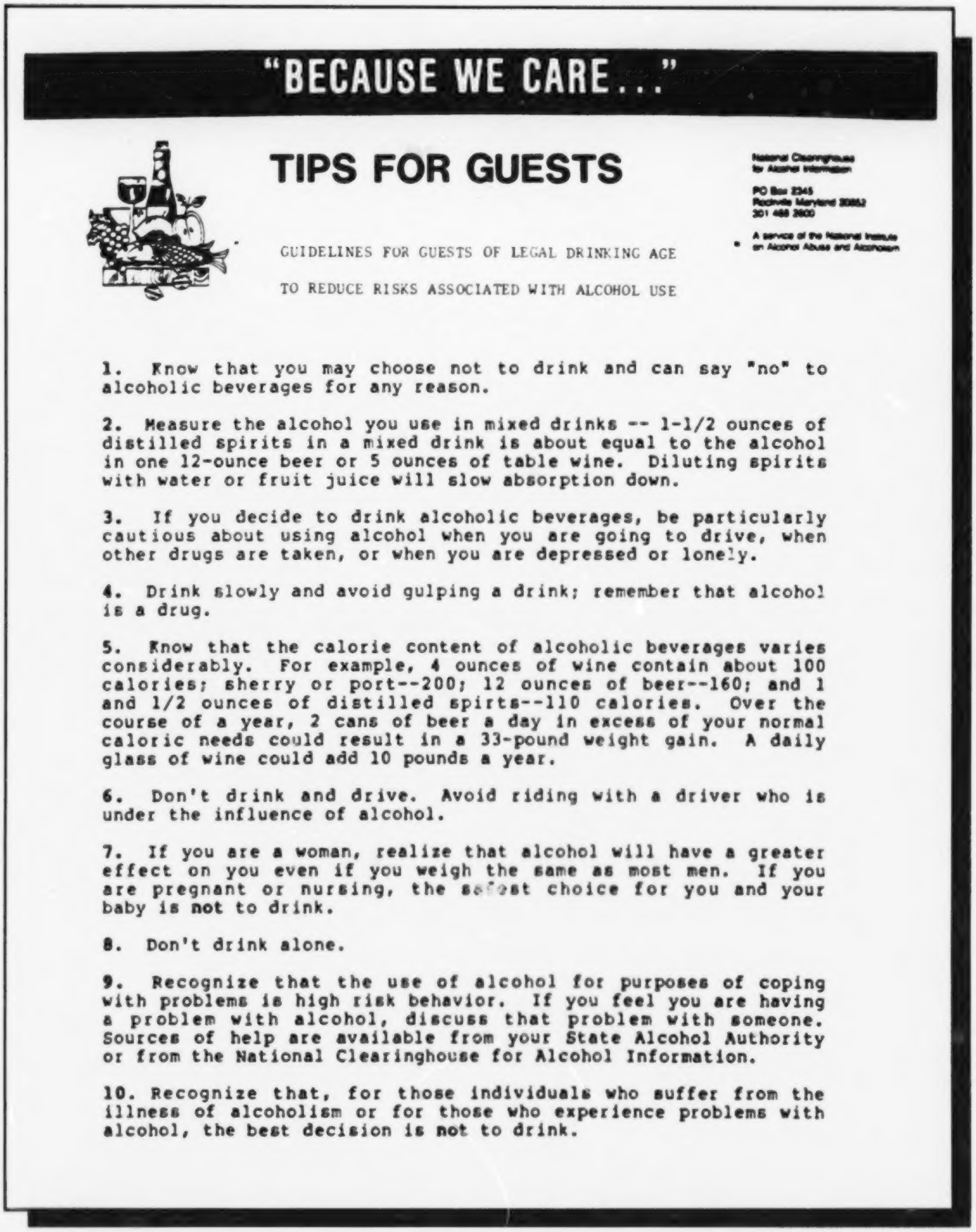
DO NOT portray the drinking of alcohol as necessary to personal, social, sexual, or academic success.

Many campuses have brochures or other publication designed to aid students and student organizations in their planning of social events. Typical topics in these brochures include:

- Party Planning
- Party Themes
- Non-Alcoholic Punch Recipes
- Recipes for Snack Foods
- Alternatives to Driving
- Organizing
- Activities
- Hosting Tips
- Monitoring Guest Behavior
- Emergency Guidelines

Brochures were gathered from the following institutions in the preparation of this resource manual. Many other institutions undoubtedly have fine publications similar to those gathered here.

- Washington Traffic Safety Commission
- BACCHUS of the United States
- The University of South Carolina
- The University of Wisconsin - Stevens Point
- Minnesota Prevention Resource Center
- Virginia Tech
- Citizens Against Alcohol-Related Traffic Accidents (Washington)
- University of Massachusetts - Amherst



"BECAUSE WE CARE..."

TIPS FOR GUESTS

National Clearinghouse
for Alcohol Information

PO Box 2345
Rockville Maryland 20852
301 468 2600

A service of the National Institute
on Alcohol Abuse and Alcoholism

GUIDELINES FOR GUESTS OF LEGAL DRINKING AGE

TO REDUCE RISKS ASSOCIATED WITH ALCOHOL USE

1. Know that you may choose not to drink and can say "no" to alcoholic beverages for any reason.

2. Measure the alcohol you use in mixed drinks -- 1-1/2 ounces of distilled spirits in a mixed drink is about equal to the alcohol in one 12-ounce beer or 5 ounces of table wine. Diluting spirits with water or fruit juice will slow absorption down.

3. If you decide to drink alcoholic beverages, be particularly cautious about using alcohol when you are going to drive, when other drugs are taken, or when you are depressed or lonely.

4. Drink slowly and avoid gulping a drink; remember that alcohol is a drug.

5. Know that the calorie content of alcoholic beverages varies considerably. For example, 4 ounces of wine contain about 100 calories; sherry or port--200; 12 ounces of beer--160; and 1 and 1/2 ounces of distilled spirts--110 calories. Over the course of a year, 2 cans of beer a day in excess of your normal caloric needs could result in a 33-pound weight gain. A daily glass of wine could add 10 pounds a year.

6. Don't drink and drive. Avoid riding with a driver who is under the influence of alcohol.

7. If you are a woman, realize that alcohol will have a greater effect on you even if you weigh the same as most men. If you are pregnant or nursing, the safest choice for you and your baby is **not** to drink.

8. Don't drink alone.

9. Recognize that the use of alcohol for purposes of coping with problems is high risk behavior. If you feel you are having a problem with alcohol, discuss that problem with someone. Sources of help are available from your State Alcohol Authority or from the National Clearinghouse for Alcohol Information.

10. Recognize that, for those individuals who suffer from the illness of alcoholism or for those who experience problems with alcohol, the best decision is **not** to drink.

"BECAUSE WE CARE..."

TIPS FOR HOSTS AND HOSTESSES

National Clearinghouse
for Alcohol Information

PO Box 2345
Rockville Maryland 20852
301 468 2600

A service of the National Institute
on Alcohol Abuse and Alcoholism

GUIDELINES FOR HOSTS AND HOSTESSES OF LEGAL DRINKING AGE TO REDUCE PROBLEMS ASSOCIATED WITH ALCOHOL USE

1. Don't make drinking the main focus or activity of your social event. Plan stimulating activities to avoid letting people cluster into groups of heavy or non-heavy drinkers.

2. Provide nutritious and appealing food when alcohol is served to slow down the effects of alcohol.

3. Don't push drinks. Respect an individual's decision not to drink. Provide equally attractive and accessible nonalcoholic drinks when alcohol is served. Recipes for exciting nonalcoholic drinks are available from the National Clearinghouse for Alcohol Information.

4. Carefully measure all drinks so that a person can know exactly how much she or he has drunk. Be aware that open bars encourage heavy drinking.

5. Avoid carbonated mixers in favor of drinks such as fruit juices. Carbonation speeds alcohol absorption.

6. Avoid serving after-dinner drinks--serve coffee, tea, or other nonalcoholic beverages instead. Cut off drinks at least one hour before the party ends.

7. Know that drunkenness is neither healthy, safe, or amusing. Excusing unacceptable behavior just because someone has had "too much to drink" serves no purpose; accepting drunkenness only rewards alcohol misuse.

8. When entertaining, assume responsibility for your guests. If someone does drink too much, provide transportation home, a taxi, or overnight accommodations. Friends don't let alcohol-impaired friends drive.

9. Some States have laws which state that servers of alcoholic beverages may be held liable for injuries caused by those who consumed alcoholic beverages in your home, office, or other establishment. Play it safe and don't let your guests drink too much.

10. At parties with youths, be conscious of the drinking age. In most States it is illegal for youths to consume and/or purchase alcoholic beverages.

PROMOTING NON-ALCOHOLIC FUNCTIONS ON CAMPUS

1. Set up non-alcoholic bars at busy times and busy places on campus.
   a. Choose a theme such as:
      1) Gentle Thursdays
      2) Fruit Juice Fridays
   b. Have students compete in a contest--"mixing non-alcoholic drinks." Feature that student's drink the next month. Publish the winning recipe and student's name in the school newspaper.
2. Creative Programming - Changing the focus
   a. Try some "Natural High" activities such as jogging, hiking, rafting, yoga, ice skating, parties, etc.
   b. Plan some 'different' dances - Commutor college - may want to try a noon time dance while students are still on campus; Other campus dances - 1) Wednesday night 'Over the Hump Party' 2) Street dances (with plenty of food and non-alcoholic drinks)
   c. Sing-a-longs, contests, casino nights, talent show, rock videos.
   d. Choose a theme for events (it takes the focus off drinking).
3. Involve groups on campus with party planning.
   a. People want to make a contribution, let them help. Ask different clubs to send a representative to plan the event. Assign each willing group an important job. Give specific instructions and due dates so they will not be set up to fail. You be there to encourage and suggest.
   b. Give a cash prize to the club or organization with most people present (People will also come if other people they know are going to be there). Recognize the clubs at the dance.
4. Giveaways - Create some excitement!
   a. Door prizes such as movie tickets, albums, flowers
   b. Use student I.D. card numbers in certain combinations as 'instant winners.' Change the combination of numbers hourly.
   c. Give away tickets or hide tickets and give out maps to find them the day before the dance.
5. Connect the event with a worthwhile fund raiser.
6. Promote, Promote, Promote your event!

Serving with excellence for
25
years
Greenville
Technical
College

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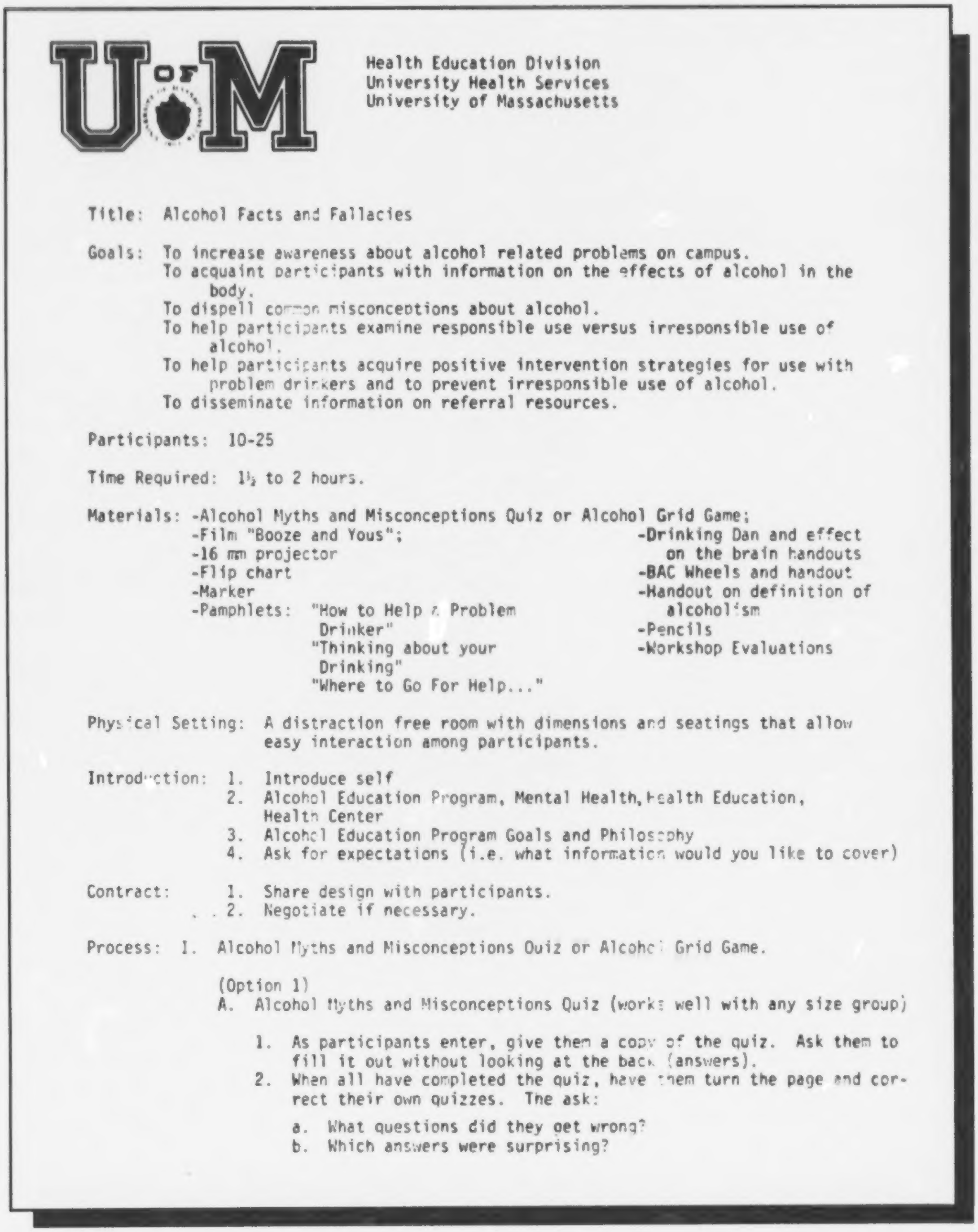


Health Education Division
University Health Services
University of Massachusetts

Title: Alcohol Facts and Fallacies

Goals: To increase awareness about alcohol related problems on campus.
To acquaint participants with information on the effects of alcohol in the body.
To dispell common misconceptions about alcohol.
To help participants examine responsible use versus irresponsible use of alcohol.
To help participants acquire positive intervention strategies for use with problem drinkers and to prevent irresponsible use of alcohol.
To disseminate information on referral resources.

Participants: 10-25

Time Required: 1½ to 2 hours.

Materials:
- Alcohol Myths and Misconceptions Quiz or Alcohol Grid Game;
- Film "Booze and Yous";
- 16 mm projector
- Flip chart
- Marker
- Pamphlets: "How to Help a Problem Drinker"
  "Thinking about your Drinking"
  "Where to Go For Help..."
- Drinking Dan and effect on the brain handouts
- BAC Wheels and handout
- Handout on definition of alcoholism
- Pencils
- Workshop Evaluations

Physical Setting: A distraction free room with dimensions and seatings that allow easy interaction among participants.

Introduction:
1. Introduce self
2. Alcohol Education Program, Mental Health, Health Education, Health Center
3. Alcohol Education Program Goals and Philosophy
4. Ask for expectations (i.e. what information would you like to cover)

Contract:
1. Share design with participants.
2. Negotiate if necessary.

Process: I. Alcohol Myths and Misconceptions Quiz or Alcohol Grid Game.

(Option 1)
A. Alcohol Myths and Misconceptions Quiz (works well with any size group)

1. As participants enter, give them a copy of the quiz. Ask them to fill it out without looking at the back (answers).
2. When all have completed the quiz, have them turn the page and correct their own quizzes. The ask:
   a. What questions did they get wrong?
   b. Which answers were surprising?

(Option 2)

B. Alcohol Grid Game (tends to work better with larger groups and with groups who do not already know each other well).

1. Distribute the Alcohol Grid Game sheet to each particpant and follow instructions on sheet.
2. Facilitate a discussion asking:
    - a. Which squares were difficult to get signed?
    - b. What facts did you learn about alcohol?

II. "Booze and Yous" Film or Flip Chart Presentation on Alcohol and Mini-lecture on Alcohol.

(Option 1)

A. Show film "Booze and Yous"

1. Prior to showing the film, ask participants to listen both for content and to critique the film
2. After the film, facilitate a brief discussion using the following questions:
    - a. What information about alcohol was new to you?
    - b. What information did you already know?
    - c. What were the positive and negative aspects of the film?
3. Be sure all definitions and concepts from mini-lecture on alcohol below are covered in discussion.

(Option 2)

B. Flip Chart and Mini-lecture on Alcohol

1. Using visual aids and handouts as indicated, discuss the following terms and concepts:
    - a. definitions: alcohol (ethanol); drink (equivalencies); and proof.
    - b. absorption (use Drinking Dan chart)
        - I. mouth and esophagus
        - II. stomach
        - III small intestine
    - c. blood alcohol content (BAC) (use BAC Wheel)
    - d. factors which affect BAC (use BAC handout)
    - e. metabolism and excretion
        - I. 95% metabolized in liver
        - II. 5% excreted via breath, perspiration, and urination
    - f. alcohol's effect on brain
    - g. dependency (use handout on definition of alcoholism)
        - I. tolerance
        - II. withdrawal symptoms

III. Alcohol Values Continuum Exercise

A. Participants are instructed to line up with others according to their own drinks per week (or other designated period of time) from the least to the most.

B. The facilitator then leads a discussion on how comfortable did people in line feel and how much alcohol consumption they consider to be a problem.

1. One point that this exercise makes is that looking only at consumption level is usually not enough to recognize a problem drinker. It is important to examine how alcohol affects one's lifestyle and interaction with others.
2. The facilitator should also discuss the range of opinions expressed and implications of these individual differences in values re: alcohol use.

IV. Signs and Symptoms Brainstorming Activity

A. Have participants brainstorm all examples of negative uses of alcohol and problem drinking (examples might include: drinking just to get drunk, drinking and driving, drinking that leads to bodily injury or property damage, drinking that causes relationships to suffer, grades to go down, etc.).

B. Have participants brainstorm all examples of positive uses of alcohol and responsible drinking (examples might include: celebrations, to relax, to enhance a social activity, in cooking, religious uses, to feel euphoric, etc.).

C. Distribute "Thinking About Your Drinking".

1. Have participants complete quiz.
2. Ask participants to check their responses with categories of Responsible Drinking and Problem Drinking.

V. Strategies and Referrals

A. Distribute "How to Help a Problem Drinker" pamphlet and discuss what to to re:

1. defensiveness
2. denial
3. agreement

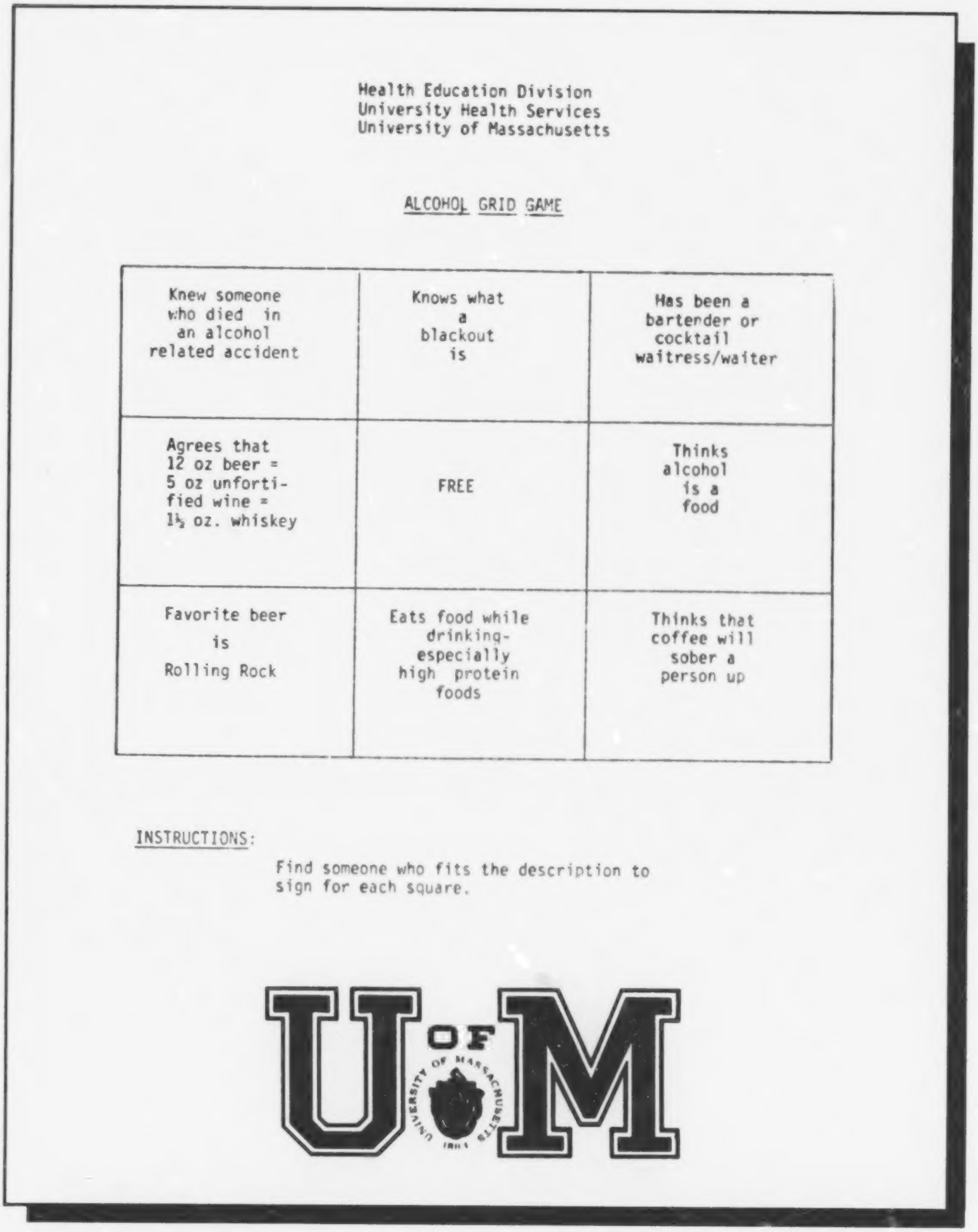
B. Distribute "Where to Go for Help ...." pamphlet and discuss:

1. STOP program/Alcohol Education Program
2. UMass Mental Health Center
3. Hampshire Problem Drinking
4. Alcoholics Anonymous and Alanon groups

C. Share these suggestions with participants.

1. Share facts and information about alcohol education and treatment resources (i.e. posters, pamphlets, workshops, STOP program, etc.).
2. Reduce peer pressure which may contribute to drug and alcohol abuse, i.e. "It's okay to tell someone they have had too much to drink".
3. Encourage sensitive and responsible behavior, i.e. "Don't let friends drive drunk", "Discourage disruptive and destructive behaviors".
4. Know your limits, know what you are taking and be in a safe environment if you do choose to drink.
5. Plan and participate in activities and parties where alcohol is not the focus, i.e. "Have a party theme, food, and nonalcoholic beverages"

VI. Distribute and Collect Evaluations and Thank Participants.



Health Education Division
University Health Services
University of Massachusetts

ALCOHOL GRID GAME

Knew someone who died in an alcohol related accident	Knows what a blackout is	Has been a bartender or cocktail waitress/waiter
Agrees that 12 oz beer = 5 oz unfortified wine = 1½ oz. whiskey	FREE	Thinks alcohol is a food
Favorite beer is Rolling Rock	Eats food while drinking- especially high protein foods	Thinks that coffee will sober a person up

INSTRUCTIONS:

Find someone who fits the description to sign for each square.

U OF M

Topic: Until I Get Caught (Drinking and Driving)

Objectives:

Participants will discuss and demonstrate increased knowledge concerning the following:

- Drinking and driving problems among student aged population
- Laws and penalties for driving while intoxicated (DWI) and the other alcohol policies.
- Physiological effects of alcohol at different levels of blood alcohol concentration (B.A.C.).
- Appropriate transportation, emergency and security options, and community resources for alcohol-related situations.

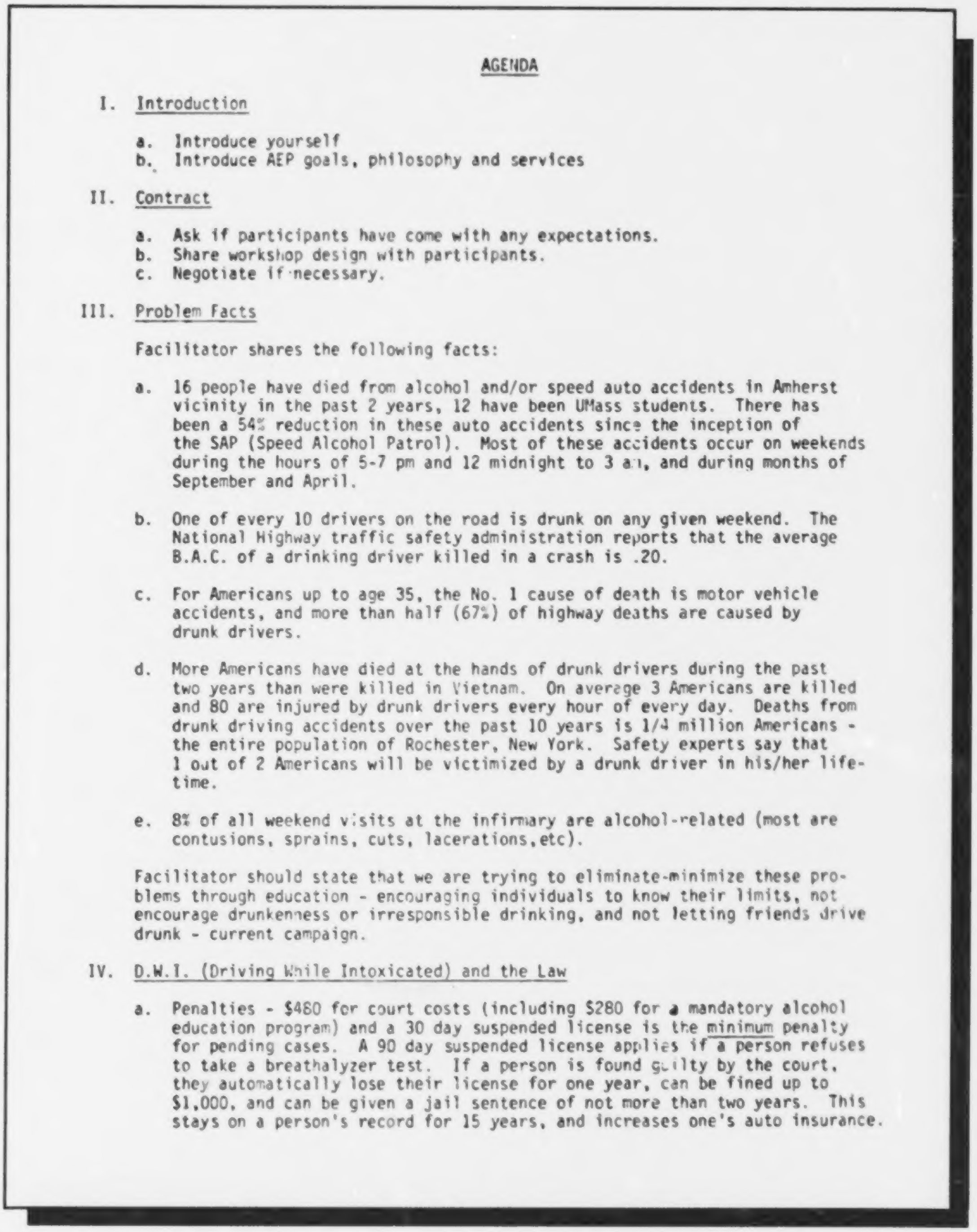
Time Required: 1½ - 2 hours

Number of Participants: 12 - 25

Materials: B.A.C. drink-o-graphs, Buddy Contracts, D.W.I. executive summary, UMass Alcohol Policy, Think Twice About Drinking and Driving, "How to Help a Problem Drinker", "Where to Go For Help for Problem Drinking", posters, evaluation, and film "Until I Get Caught", Responsible Drinking Tips.

Equipment: Chalk board and chalk, or flip charts and felt tip markers, 16 mm projector.

Physical Facilities: A distraction free room with dimensions and seating that allow easy interaction among participants.



AGENDA

I. Introduction

- a. Introduce yourself
- b. Introduce AEP goals, philosophy and services

II. Contract

- a. Ask if participants have come with any expectations.
- b. Share workshop design with participants.
- c. Negotiate if necessary.

III. Problem Facts

Facilitator shares the following facts:

a. 16 people have died from alcohol and/or speed auto accidents in Amherst vicinity in the past 2 years, 12 have been UMass students. There has been a 54% reduction in these auto accidents since the inception of the SAP (Speed Alcohol Patrol). Most of these accidents occur on weekends during the hours of 5-7 pm and 12 midnight to 3 am, and during months of September and April.

b. One of every 10 drivers on the road is drunk on any given weekend. The National Highway traffic safety administration reports that the average B.A.C. of a drinking driver killed in a crash is .20.

c. For Americans up to age 35, the No. 1 cause of death is motor vehicle accidents, and more than half (67%) of highway deaths are caused by drunk drivers.

d. More Americans have died at the hands of drunk drivers during the past two years than were killed in Vietnam. On average 3 Americans are killed and 80 are injured by drunk drivers every hour of every day. Deaths from drunk driving accidents over the past 10 years is 1/4 million Americans - the entire population of Rochester, New York. Safety experts say that 1 out of 2 Americans will be victimized by a drunk driver in his/her lifetime.

e. 8% of all weekend visits at the infirmary are alcohol-related (most are contusions, sprains, cuts, lacerations,etc).

Facilitator should state that we are trying to eliminate-minimize these problems through education - encouraging individuals to know their limits, not encourage drunkenness or irresponsible drinking, and not letting friends drive drunk - current campaign.

IV. D.W.I. (Driving While Intoxicated) and the Law

a. Penalties - $460 for court costs (including $280 for a mandatory alcohol education program) and a 30 day suspended license is the minimum penalty for pending cases. A 90 day suspended license applies if a person refuses to take a breathalyzer test. If a person is found guilty by the court, they automatically lose their license for one year, can be fined up to $1,000, and can be given a jail sentence of not more than two years. This stays on a person's record for 15 years, and increases one's auto insurance.

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For a second offender the mandatory license suspension increases to two years, the fine range is from $300-1,000 and the mandatory minimum jail sentence is 7 days - it could go as high as two years.

For a third or subsequent offense the mandatory license suspension is five years. The fine range is $500-1,000 and the mandatory minimum jail sentence is 60 days - it could go as high as two years.

b. Highlight UMass "alcohol policies", particularly the penalties for selling to, giving to, a minor, $300, and for carrying an open container, $50.

c. Go over questionnaire "Think Twice About Drinking and Driving".

V. Alcohol Physiology (Highlight)

a. Depressant effects of alcohol
b. B.A.C. (Blood Alcohol Concentration), Drink-o-graphs and charts.
c. Equivalency:
    1 beer (12 oz)= 1 glass wine (5 oz non-fortified)=
    1 shot whiskey (1½ oz, 80-100 proof)
d. Influencing factors
e. Metabolism and sobering-up myths

VI. Film "Until I Get Caught".

VII. Discussion
Have participants think of situations where they or their friends have had close calls with drinking and driving.
Further discussion questions:

1. Do you know people who drive after they drink?
2. Have there been any deaths caused by drunken driving in your area in the past year or so?
3. What was your reaction to the tragedies that people describe in the film? How would you feel if they happened to someone in your family?
4. Have you ever heard your friends brag about how much they can drink?
5. Would your friends ever admit they had drunk too much to drive home? Would you?
6. What is the legal limit of concentration of alcohol in the blood in your state?
7. How many drinks in a two-hour period would put you over the legal limit for your body weight?
8. Do you think it is a fair analogy to say that driving while drunk is like pointing a loaded gun at someone? In what ways does the analogy hold? In what ways does it not?
9. What are the penalties in your state for people convicted of drunken driving?
10. How does alcohol affect driving ability?
11. How is the problem of drunken driving handled in Sweden, and how does it contrast with the United States?
12. What is the rate at which alcohol leaves your bloodstream? Is there any way to speed this up?

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13. How would you get a friend home from your party if he or she was too drunk to drive?

14. What do you think are the best solutions for the drunken driving problem in America? Suggest five things you can personally do to reduce drunk driving accidents in your community.

VIII. Buddy System Contract (Optional)

IX. Community Resources

(AA, Alanon, Mental Health, A.E.P., Hampshire Problem Drinking Program).

X. Responsible Tips

If time, facilitator brainstorms and gives out tip list.

XI. Evaluations

Ask participants what they learned and what they will do as a result of the workshop. Give out written evaluations.

UNIVERSITY OF MASSACHUSETTS
AT AMHERST

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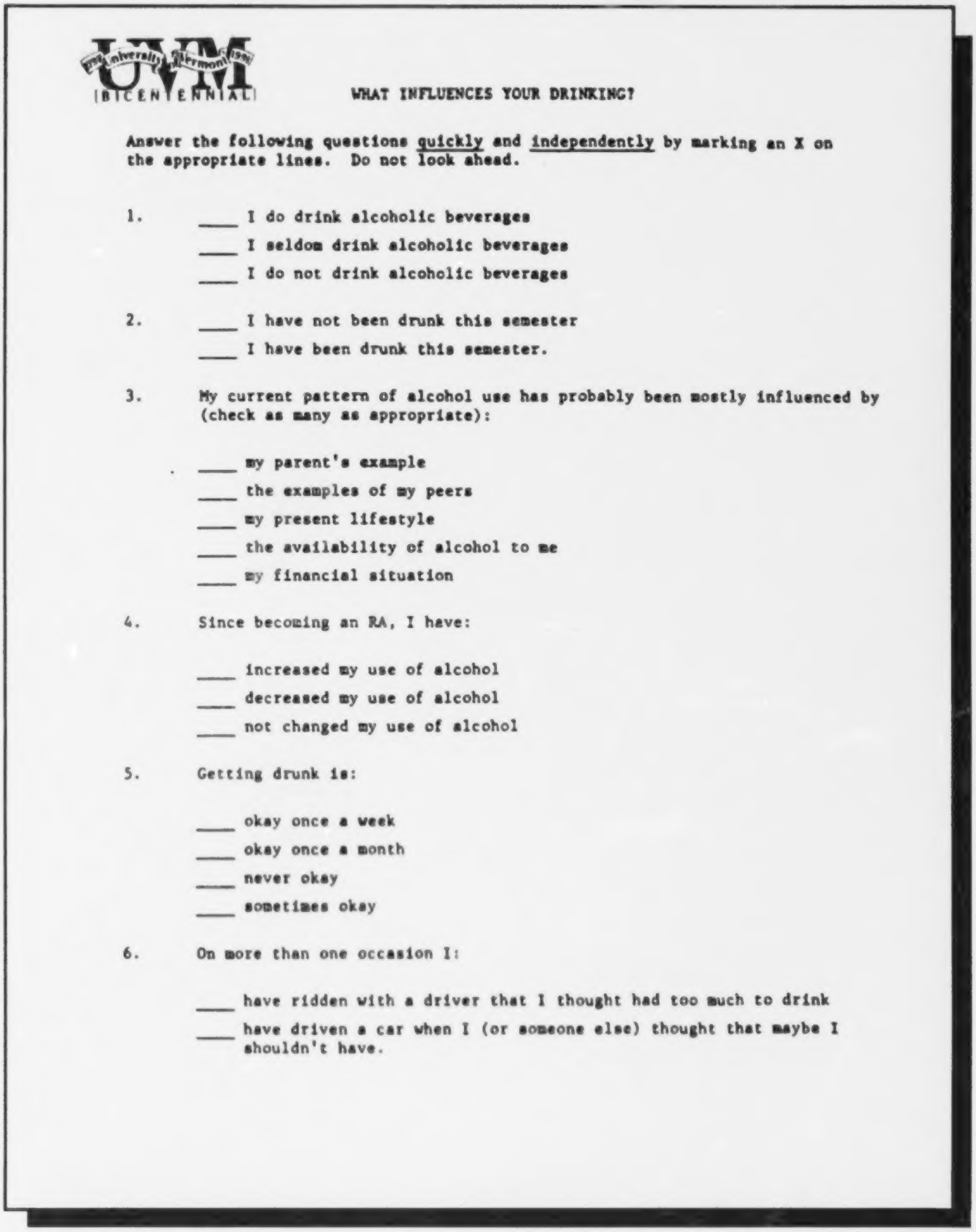


UVM BICENTENNIAL

WHAT INFLUENCES YOUR DRINKING?

Answer the following questions quickly and independently by marking an X on the appropriate lines. Do not look ahead.

1. ____ I do drink alcoholic beverages
   ____ I seldom drink alcoholic beverages
   ____ I do not drink alcoholic beverages

2. ____ I have not been drunk this semester
   ____ I have been drunk this semester.

3. My current pattern of alcohol use has probably been mostly influenced by (check as many as appropriate):

   ____ my parent's example
   ____ the examples of my peers
   ____ my present lifestyle
   ____ the availability of alcohol to me
   ____ my financial situation

4. Since becoming an RA, I have:

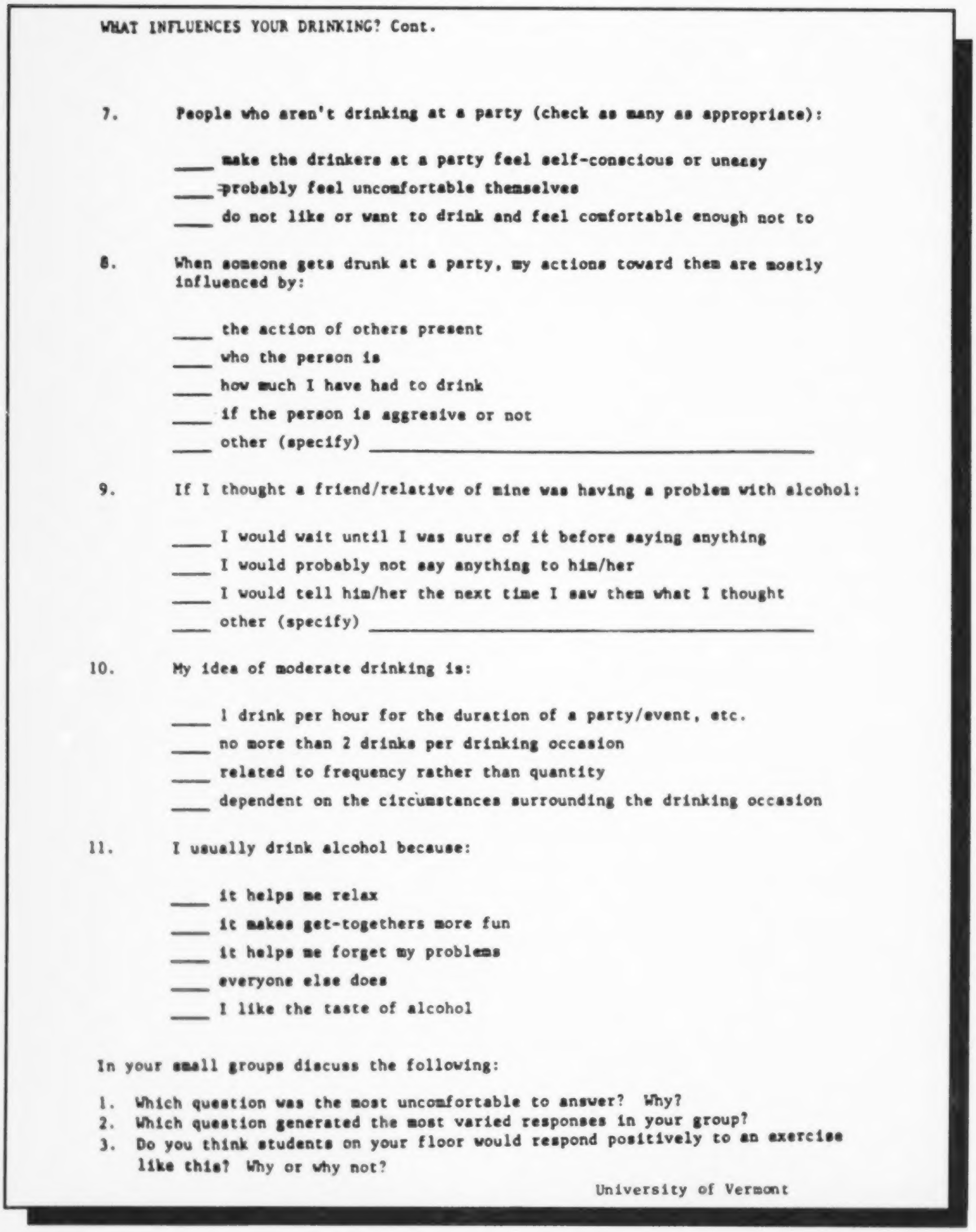
   ____ increased my use of alcohol
   ____ decreased my use of alcohol
   ____ not changed my use of alcohol

5. Getting drunk is:

   ____ okay once a week
   ____ okay once a month
   ____ never okay
   ____ sometimes okay

6. On more than one occasion I:

   ____ have ridden with a driver that I thought had too much to drink
   ____ have driven a car when I (or someone else) thought that maybe I shouldn't have.



WHAT INFLUENCES YOUR DRINKING? Cont.

7. People who aren't drinking at a party (check as many as appropriate):

____ make the drinkers at a party feel self-conscious or uneasy
____ probably feel uncomfortable themselves
____ do not like or want to drink and feel comfortable enough not to

8. When someone gets drunk at a party, my actions toward them are mostly influenced by:

____ the action of others present
____ who the person is
____ how much I have had to drink
____ if the person is aggresive or not
____ other (specify) ____________________

9. If I thought a friend/relative of mine was having a problem with alcohol:

____ I would wait until I was sure of it before saying anything
____ I would probably not say anything to him/her
____ I would tell him/her the next time I saw them what I thought
____ other (specify) ____________________

10. My idea of moderate drinking is:

____ 1 drink per hour for the duration of a party/event, etc.
____ no more than 2 drinks per drinking occasion
____ related to frequency rather than quantity
____ dependent on the circumstances surrounding the drinking occasion

11. I usually drink alcohol because:

____ it helps me relax
____ it makes get-togethers more fun
____ it helps me forget my problems
____ everyone else does
____ I like the taste of alcohol

In your small groups discuss the following:

1. Which question was the most uncomfortable to answer? Why?
2. Which question generated the most varied responses in your group?
3. Do you think students on your floor would respond positively to an exercise like this? Why or why not?

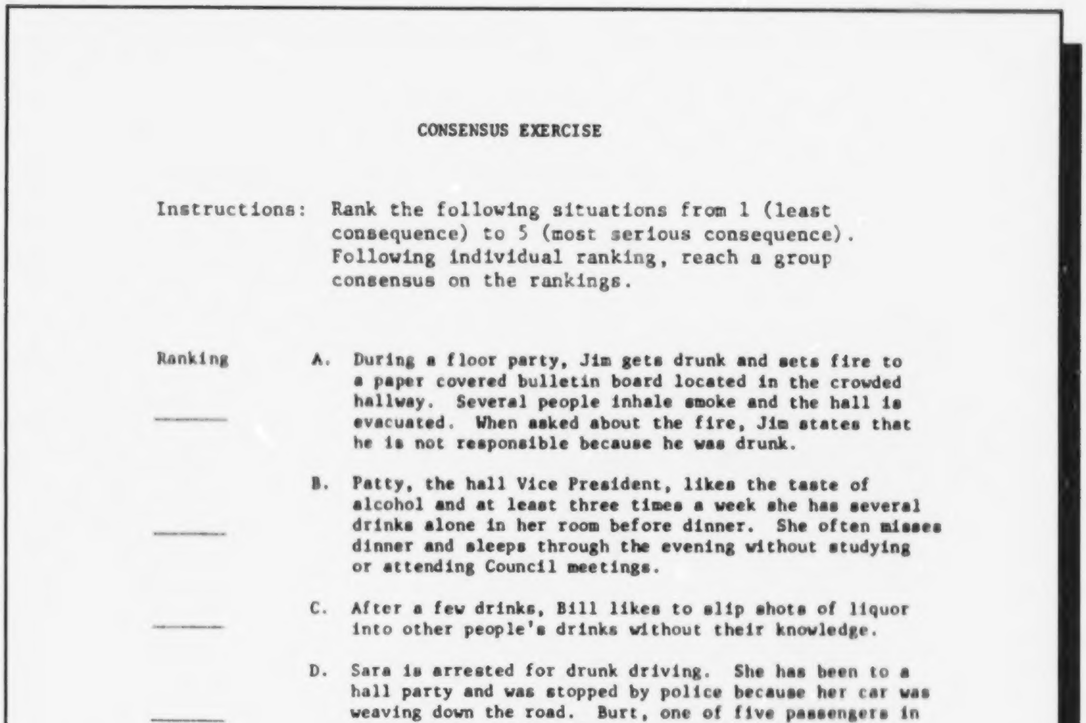
University of Vermont

STRESS TEST

Check events that have applied to you within the last year in the first column. Record mean value (in second column) in the score column for all items checked. Total your score at the bottom of score column.

LIFE EVENT	YES/NO	VALUE	SCORE
1. Death of spouse		100	
2. Divorce		73	
3. Marital separation		65	
4. Jail term		63	
5. Death of close family member		63	
6. Personal injury or illness		53	
7. Marriage		50	
8. Fired at work		47	
9. Marital reconciliation		45	
10. Retirement		45	
11. Change in health of family member		44	
12. Pregnancy		40	
13. Sex difficulties		39	
14. Gain of new family member		39	
15. Business readjustment		39	
16. Change in financial state		38	
17. Death of close friend		37	
18. Change to different line of work		36	
19. Change in number of arguments with spouse		35	
20. Mortgage over $10,000		31	
21. Foreclosure of mortgage or loan		30	
22. Change in responsibilities at work		29	
23. Son or daughter leaving home		29	
24. Trouble with inlaws		29	
25. Outstanding personal achievement		28	
26. Wife begins or stops work		26	
27. Begin or end school		26	
28. Change in living conditions		25	
29. Revision of personal habits		24	
30. Trouble with boss		23	
31. Change in work hours or conditions		20	
32. Change in residence		20	
33. Change in schools		20	
34. Change in recreation		19	
35. Change in church activities		19	
36. Change in social activities		18	
37. Mortgage or loan less than $10,000		17	
38. Change in sleeping habits		16	
39. Change in number of family get togethers		15	
40. Change in eating habits		15	
41. Vacation		13	
42. Christmas		12	
43. Minor violation of the law		11	
		TOTAL SCORE	

If you scored . . .	Then your chances of being hospitalized or suffering a serious health change in the next two years are . .
below 150 points	about 30 percent
150 to 300 points	about 50 percent
above 300 points	about 90 percent!



CONSENSUS EXERCISE

Instructions: Rank the following situations from 1 (least consequence) to 5 (most serious consequence). Following individual ranking, reach a group consensus on the rankings.

Ranking

_______ A. During a floor party, Jim gets drunk and sets fire to a paper covered bulletin board located in the crowded hallway. Several people inhale smoke and the hall is evacuated. When asked about the fire, Jim states that he is not responsible because he was drunk.

_______ B. Patty, the hall Vice President, likes the taste of alcohol and at least three times a week she has several drinks alone in her room before dinner. She often misses dinner and sleeps through the evening without studying or attending Council meetings.

_______ C. After a few drinks, Bill likes to slip shots of liquor into other people's drinks without their knowledge.

_______ D. Sara is arrested for drunk driving. She has been to a hall party and was stopped by police because her car was weaving down the road. Burt, one of five passengers in the car, had not been drinking but Sara refused to let him drive.

_______ E. Sandy, a graduate student who is divorced and living with her small child, drinks beer throughout most of each day. One afternoon a friend stops by to visit and finds her asleep drunk amidst an unkept living room with the child crying and hungry in her crib.

Adapted from materials developed by David G. Butler
Director of Residential Life
University of Delaware

THE
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OF
DELAWARE

"A RATING OF CONSEQUENCES"

INSTRUCTIONS

1. Read the entire story, below, before attempting to rank the items.

2. After reading the story, read all of the items (consequences) before making any decisions.

3. After you have read all of the items (consequences) place an "X" in front of the three consequences which would bother you the most if they happened to you. Place an "O" in front of the three consequences which would bother you the "least" if they happened to you.

THE STORY

Frank was a senior marketing major at the University of Vermont. In January of his senior year, he was involved in an automobile accident while returning home from a bar on a Thursday night (or was it Friday morning?). The accident was Frank's fault, and resulted in about $1,000 damage to his car, $2,000 damage to the other car, and his girlfriend broke her arm in the accident. Frank was arrested for driving an automobile while impaired by alcohol, and was taken to jail, booked, and released on bail after spending six hours in the "drunk tank." His blood alcohol concentration (BAC) was 0.18% when he was arrested.

When he appeared in court and plead guilty, the judge determined that he really was an upstanding citizen who made a mistake, and did not send him to jail, but he suspended Frank's license for 60 days and fined him $250 plus $78.50 in costs. He was required to participate in a court supervised Project CRASH educational program to deter future drunk driving. Frank thought that he had received a minimum of consequences for his mistake, but the following things happened to him because of his arrest and conviction:

1. Place an "X" in front of the three consequences which would bother you the most if they happened to you.

2. Place an "O" in front of the three consequences which would bother you the least if they happened to you.

CONSEQUENCES

a) ___ He discovered that he has a criminal record which will follow him for life.

b) ___ He had to pay $750 for a lawyer to handle his case in court.

c) ___ His parents found out about his arrest and conviction.

d) ___ One very promising job offer was withdrawn after the company's insurance/risk department determined that he was a poor driving risk due to his conviction.

e) ___ He had to temporarily withdraw his name from the "volunteer list" at the youth agency he had worked at for three years, since he was not available on Saturday mornings due to traffic school.

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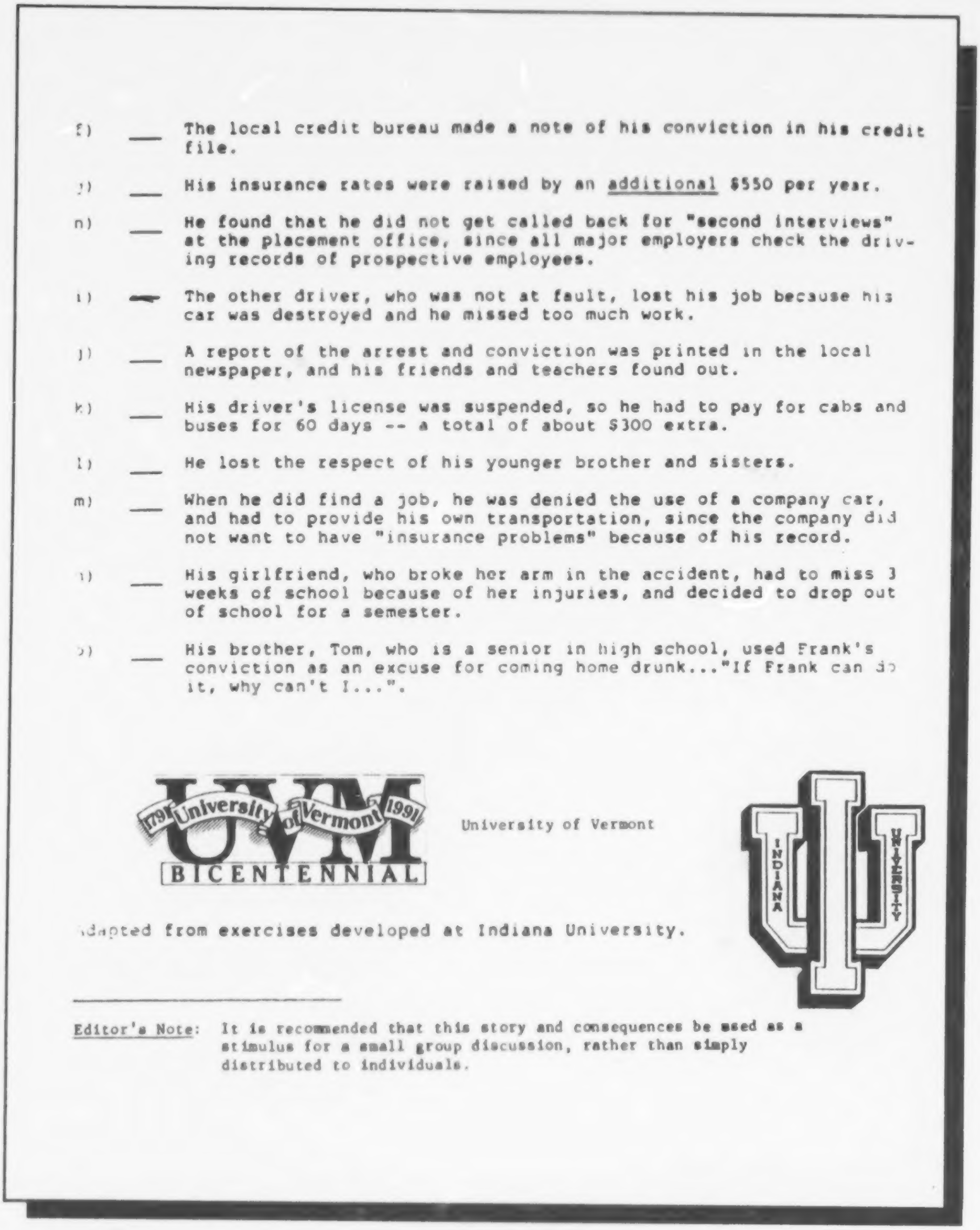


f) ___ The local credit bureau made a note of his conviction in his credit file.

g) ___ His insurance rates were raised by an additional $550 per year.

h) ___ He found that he did not get called back for "second interviews" at the placement office, since all major employers check the driving records of prospective employees.

i) ___ The other driver, who was not at fault, lost his job because his car was destroyed and he missed too much work.

j) ___ A report of the arrest and conviction was printed in the local newspaper, and his friends and teachers found out.

k) ___ His driver's license was suspended, so he had to pay for cabs and buses for 60 days -- a total of about $300 extra.

l) ___ He lost the respect of his younger brother and sisters.

m) ___ When he did find a job, he was denied the use of a company car, and had to provide his own transportation, since the company did not want to have "insurance problems" because of his record.

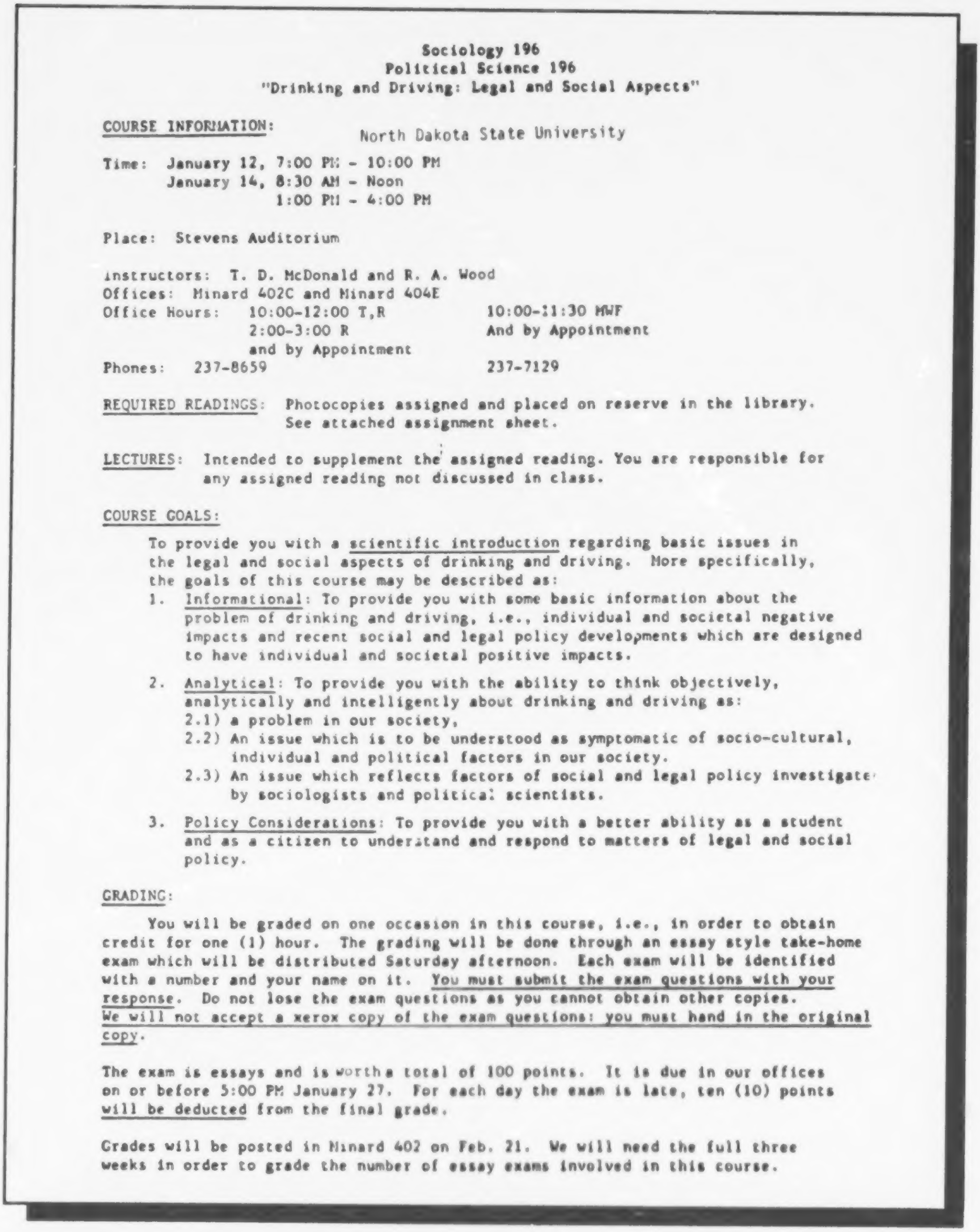
n) ___ His girlfriend, who broke her arm in the accident, had to miss 3 weeks of school because of her injuries, and decided to drop out of school for a semester.

o) ___ His brother, Tom, who is a senior in high school, used Frank's conviction as an excuse for coming home drunk..."If Frank can do it, why can't I...".

University of Vermont

Adapted from exercises developed at Indiana University.

Editor's Note: It is recommended that this story and consequences be used as a stimulus for a small group discussion, rather than simply distributed to individuals.



Sociology 196
Political Science 196
"Drinking and Driving: Legal and Social Aspects"

COURSE INFORMATION: North Dakota State University

Time: January 12, 7:00 PM - 10:00 PM
January 14, 8:30 AM - Noon
1:00 PM - 4:00 PM

Place: Stevens Auditorium

Instructors: T. D. McDonald and R. A. Wood
Offices: Minard 402C and Minard 404E

Office Hours:	10:00-12:00 T,R 2:00-3:00 R and by Appointment	10:00-11:30 MWF And by Appointment
Phones:	237-8659	237-7129

REQUIRED READINGS: Photocopies assigned and placed on reserve in the library. See attached assignment sheet.

LECTURES: Intended to supplement the assigned reading. You are responsible for any assigned reading not discussed in class.

COURSE GOALS:

To provide you with a scientific introduction regarding basic issues in the legal and social aspects of drinking and driving. More specifically, the goals of this course may be described as:

1. Informational: To provide you with some basic information about the problem of drinking and driving, i.e., individual and societal negative impacts and recent social and legal policy developments which are designed to have individual and societal positive impacts.
2. Analytical: To provide you with the ability to think objectively, analytically and intelligently about drinking and driving as:
   - 2.1) a problem in our society,
   - 2.2) An issue which is to be understood as symptomatic of socio-cultural, individual and political factors in our society.
   - 2.3) An issue which reflects factors of social and legal policy investigated by sociologists and political scientists.
3. Policy Considerations: To provide you with a better ability as a student and as a citizen to understand and respond to matters of legal and social policy.

GRADING:

You will be graded on one occasion in this course, i.e., in order to obtain credit for one (1) hour. The grading will be done through an essay style take-home exam which will be distributed Saturday afternoon. Each exam will be identified with a number and your name on it. You must submit the exam questions with your response. Do not lose the exam questions as you cannot obtain other copies. We will not accept a xerox copy of the exam questions: you must hand in the original copy.

The exam is essays and is worth a total of 100 points. It is due in our offices on or before 5:00 PM January 27. For each day the exam is late, ten (10) points will be deducted from the final grade.

Grades will be posted in Minard 402 on Feb. 21. We will need the full three weeks in order to grade the number of essay exams involved in this course.

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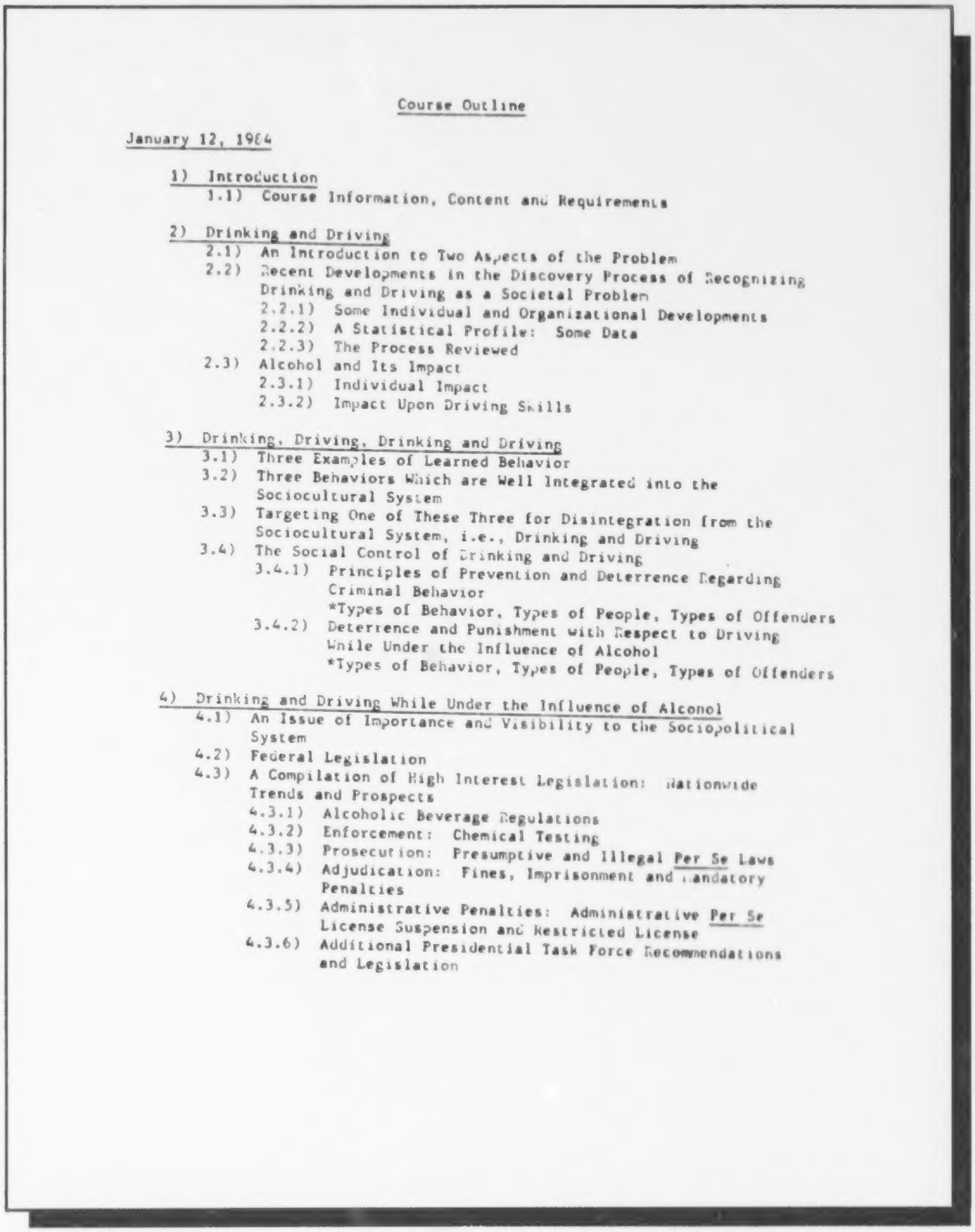

Course Outline

January 12, 1984

1) Introduction
   1.1) Course Information, Content and Requirements

2) Drinking and Driving
   2.1) An Introduction to Two Aspects of the Problem
   2.2) Recent Developments in the Discovery Process of Recognizing Drinking and Driving as a Societal Problem
      2.2.1) Some Individual and Organizational Developments
      2.2.2) A Statistical Profile: Some Data
      2.2.3) The Process Reviewed
   2.3) Alcohol and Its Impact
      2.3.1) Individual Impact
      2.3.2) Impact Upon Driving Skills

3) Drinking, Driving, Drinking and Driving
   3.1) Three Examples of Learned Behavior
   3.2) Three Behaviors Which are Well Integrated into the Sociocultural System
   3.3) Targeting One of These Three for Disintegration from the Sociocultural System, i.e., Drinking and Driving
   3.4) The Social Control of Drinking and Driving
      3.4.1) Principles of Prevention and Deterrence Regarding Criminal Behavior
         *Types of Behavior, Types of People, Types of Offenders
      3.4.2) Deterrence and Punishment with Respect to Driving While Under the Influence of Alcohol
         *Types of Behavior, Types of People, Types of Offenders

4) Drinking and Driving While Under the Influence of Alcohol
   4.1) An Issue of Importance and Visibility to the Sociopolitical System
   4.2) Federal Legislation
   4.3) A Compilation of High Interest Legislation: Nationwide Trends and Prospects
      4.3.1) Alcoholic Beverage Regulations
      4.3.2) Enforcement: Chemical Testing
      4.3.3) Prosecution: Presumptive and Illegal Per Se Laws
      4.3.4) Adjudication: Fines, Imprisonment and Mandatory Penalties
      4.3.5) Administrative Penalties: Administrative Per Se License Suspension and Restricted License
      4.3.6) Additional Presidential Task Force Recommendations and Legislation

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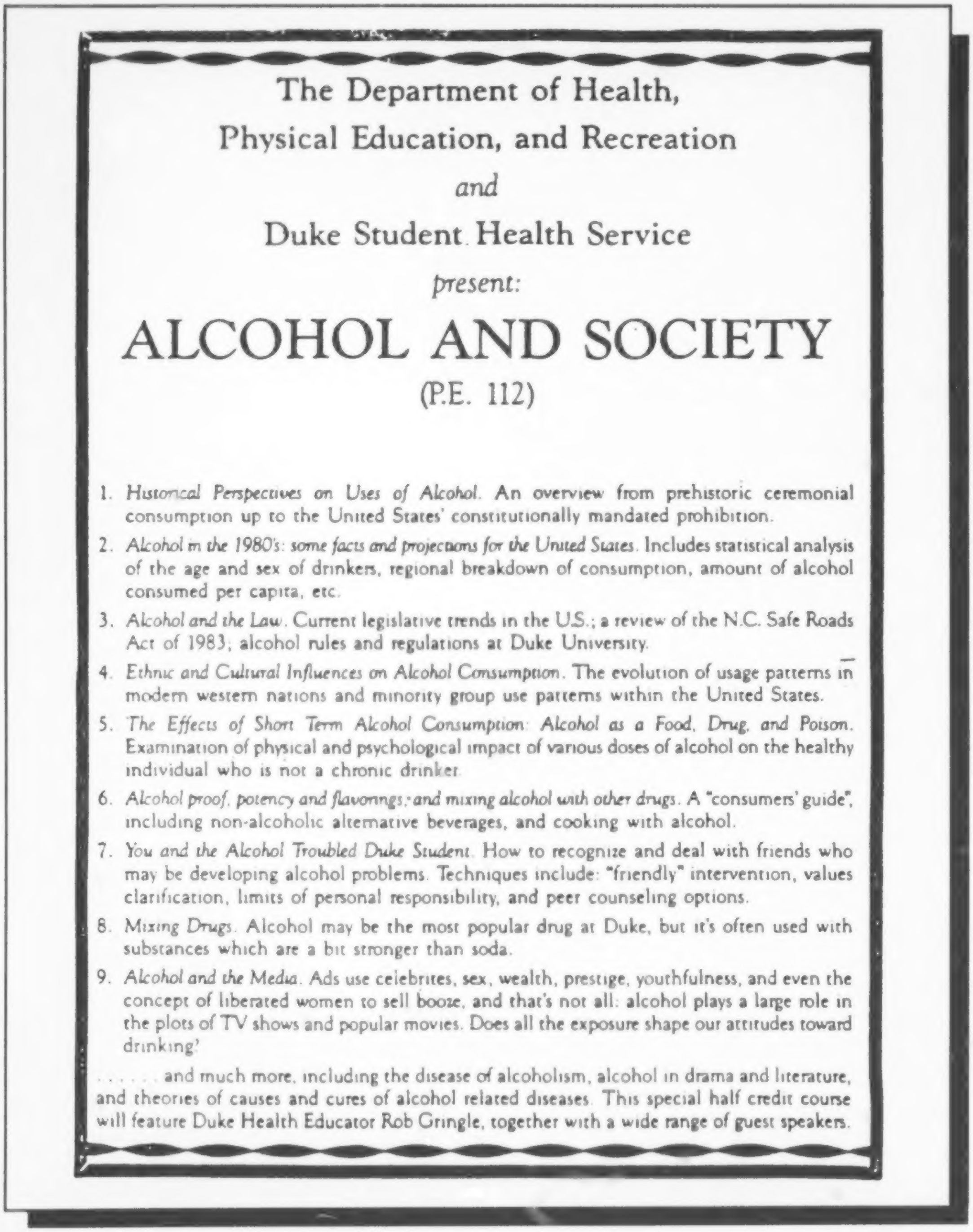


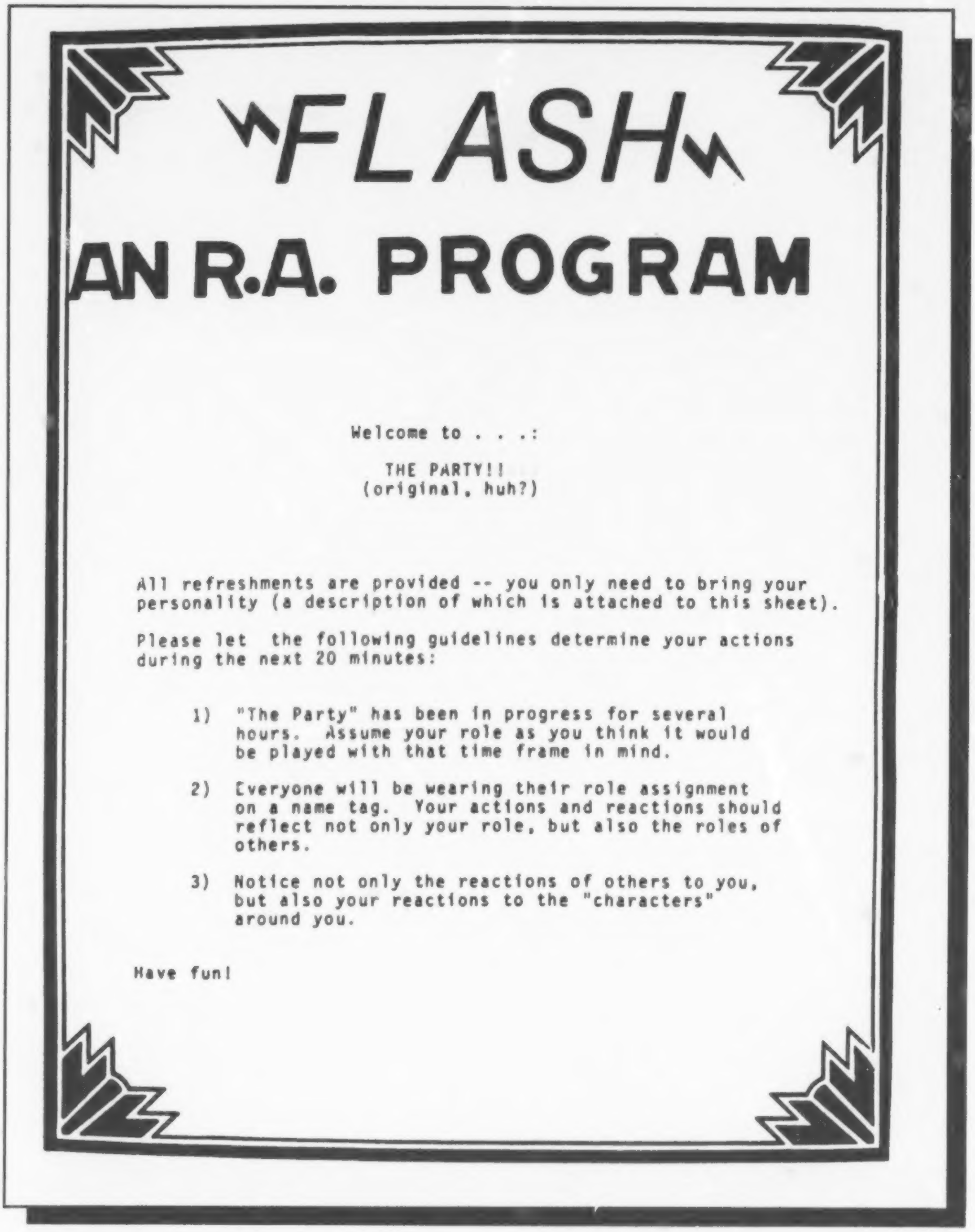
The Department of Health,
Physical Education, and Recreation
and
Duke Student Health Service
present:

ALCOHOL AND SOCIETY

(P.E. 112)

1. *Historical Perspectives on Uses of Alcohol.* An overview from prehistoric ceremonial consumption up to the United States' constitutionally mandated prohibition.
2. *Alcohol in the 1980's: some facts and projections for the United States.* Includes statistical analysis of the age and sex of drinkers, regional breakdown of consumption, amount of alcohol consumed per capita, etc.
3. *Alcohol and the Law.* Current legislative trends in the U.S.; a review of the N.C. Safe Roads Act of 1983; alcohol rules and regulations at Duke University.
4. *Ethnic and Cultural Influences on Alcohol Consumption.* The evolution of usage patterns in modern western nations and minority group use patterns within the United States.
5. *The Effects of Short Term Alcohol Consumption: Alcohol as a Food, Drug, and Poison.* Examination of physical and psychological impact of various doses of alcohol on the healthy individual who is not a chronic drinker.
6. *Alcohol proof, potency and flavorings; and mixing alcohol with other drugs.* A "consumers' guide", including non-alcoholic alternative beverages, and cooking with alcohol.
7. *You and the Alcohol Troubled Duke Student.* How to recognize and deal with friends who may be developing alcohol problems. Techniques include: "friendly" intervention, values clarification, limits of personal responsibility, and peer counseling options.
8. *Mixing Drugs.* Alcohol may be the most popular drug at Duke, but it's often used with substances which are a bit stronger than soda.
9. *Alcohol and the Media.* Ads use celebrities, sex, wealth, prestige, youthfulness, and even the concept of liberated women to sell booze, and that's not all: alcohol plays a large role in the plots of TV shows and popular movies. Does all the exposure shape our attitudes toward drinking?

. . . . . . and much more, including the disease of alcoholism, alcohol in drama and literature, and theories of causes and cures of alcohol related diseases. This special half credit course will feature Duke Health Educator Rob Gringle, together with a wide range of guest speakers.



FLASH

AN R.A. PROGRAM

Welcome to . . .:

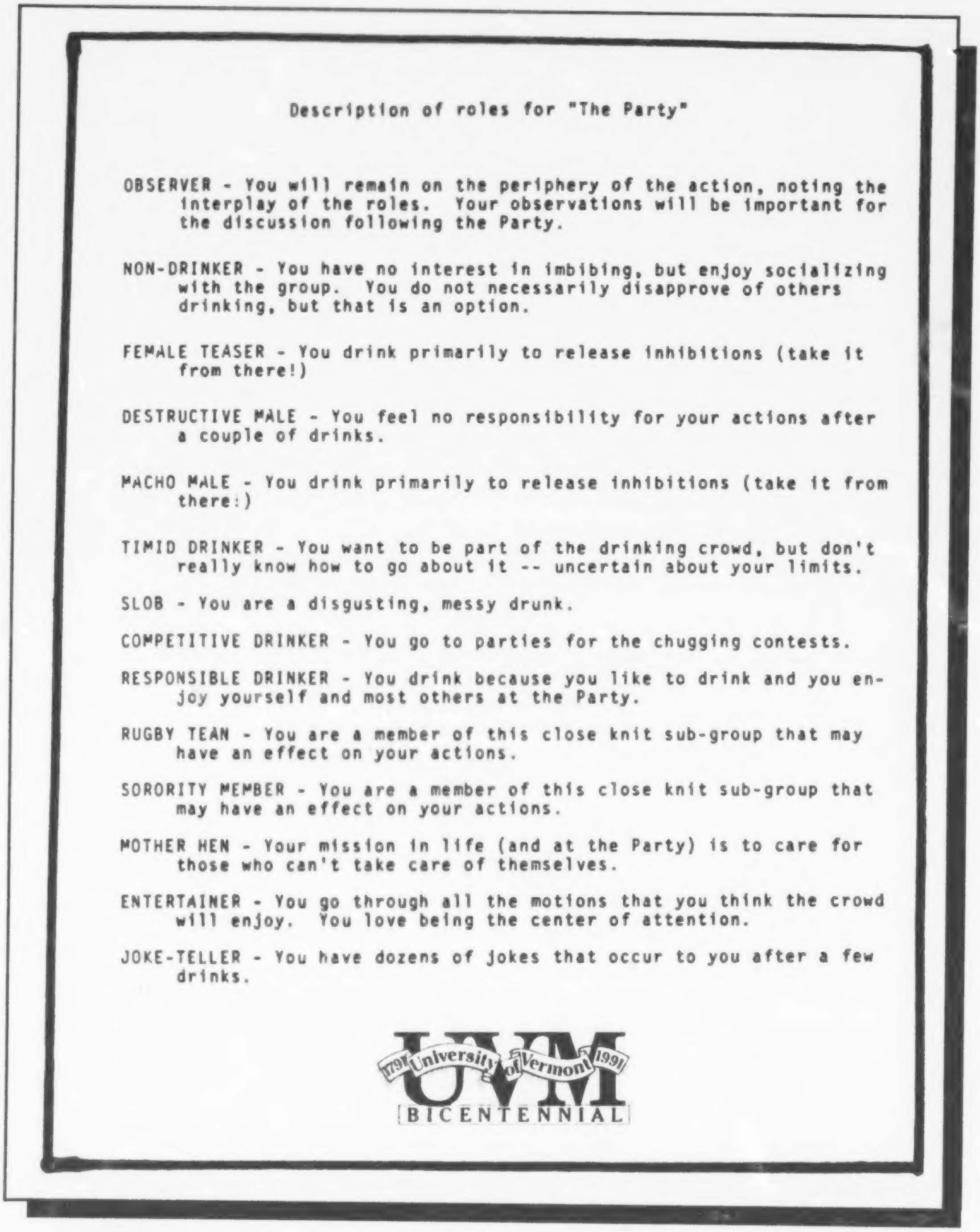
THE PARTY!!
(original, huh?)

All refreshments are provided -- you only need to bring your personality (a description of which is attached to this sheet).

Please let the following guidelines determine your actions during the next 20 minutes:

1) "The Party" has been in progress for several hours. Assume your role as you think it would be played with that time frame in mind.
2) Everyone will be wearing their role assignment on a name tag. Your actions and reactions should reflect not only your role, but also the roles of others.
3) Notice not only the reactions of others to you, but also your reactions to the "characters" around you.

Have fun!



Description of roles for "The Party"

OBSERVER - You will remain on the periphery of the action, noting the interplay of the roles. Your observations will be important for the discussion following the Party.

NON-DRINKER - You have no interest in imbibing, but enjoy socializing with the group. You do not necessarily disapprove of others drinking, but that is an option.

FEMALE TEASER - You drink primarily to release inhibitions (take it from there!)

DESTRUCTIVE MALE - You feel no responsibility for your actions after a couple of drinks.

MACHO MALE - You drink primarily to release inhibitions (take it from there:)

TIMID DRINKER - You want to be part of the drinking crowd, but don't really know how to go about it -- uncertain about your limits.

SLOB - You are a disgusting, messy drunk.

COMPETITIVE DRINKER - You go to parties for the chugging contests.

RESPONSIBLE DRINKER - You drink because you like to drink and you enjoy yourself and most others at the Party.

RUGBY TEAN - You are a member of this close knit sub-group that may have an effect on your actions.

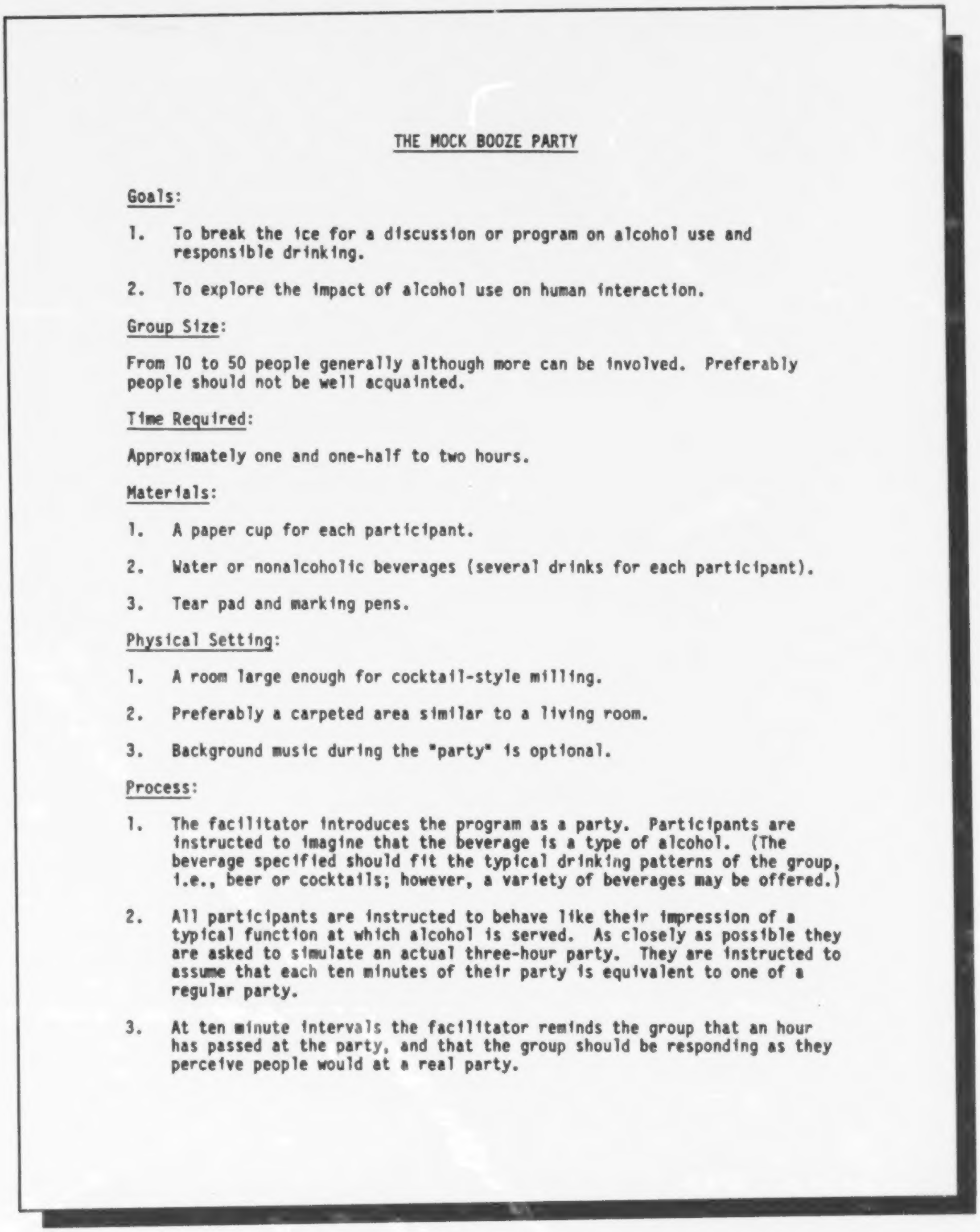
SORORITY MEMBER - You are a member of this close knit sub-group that may have an effect on your actions.

MOTHER HEN - Your mission in life (and at the Party) is to care for those who can't take care of themselves.

ENTERTAINER - You go through all the motions that you think the crowd will enjoy. You love being the center of attention.

JOKE-TELLER - You have dozens of jokes that occur to you after a few drinks.

1791 University of Vermont 1991
UVM
BICENTENNIAL



THE MOCK BOOZE PARTY

Goals:

1. To break the ice for a discussion or program on alcohol use and responsible drinking.
2. To explore the impact of alcohol use on human interaction.

Group Size:

From 10 to 50 people generally although more can be involved. Preferably people should not be well acquainted.

Time Required:

Approximately one and one-half to two hours.

Materials:

1. A paper cup for each participant.
2. Water or nonalcoholic beverages (several drinks for each participant).
3. Tear pad and marking pens.

Physical Setting:

1. A room large enough for cocktail-style milling.
2. Preferably a carpeted area similar to a living room.
3. Background music during the "party" is optional.

Process:

1. The facilitator introduces the program as a party. Participants are instructed to imagine that the beverage is a type of alcohol. (The beverage specified should fit the typical drinking patterns of the group, i.e., beer or cocktails; however, a variety of beverages may be offered.)
2. All participants are instructed to behave like their impression of a typical function at which alcohol is served. As closely as possible they are asked to simulate an actual three-hour party. They are instructed to assume that each ten minutes of their party is equivalent to one of a regular party.
3. At ten minute intervals the facilitator reminds the group that an hour has passed at the party, and that the group should be responding as they perceive people would at a real party.

4. At the end of thirty minutes, the facilitator ends the party and asks participants to congregate into groups of six to eight people for the purpose of discussing the experience. Encouragement should be given to participants to group with people whom they did not know prior to the party.

5. After the sub-groups are formed, the failitator encourages the participants to discuss the following questions:

   A. During the party did they recognize behaviors they typically see at parties? What were they and how did they feel about them? (Examples: noisy people; forcing drinks on each other; people trying to take advantage of each other; etc.)

   B. As people pretended to drink, did they loosen up in their interactions? Is alcohol really necessary to loosen up interactions?

   C. Were people acting irresponsibly? How? What could they have done to be more responsible?

   D. How do people, after a party, feel about irresponsible actions?

6. The facilitator brings the group back together, opens discussion, and asks for comments and issues raised in the sub-groups.

7. The facilitator asks the group to brainstorm a list of things that can be done to insure that alcohol parties can be fun without people hurting themselves and others. Examples:

   A. Dilute spirits with water or a mixer to slow absorption.

   B. Don't gulp down drink.

   C. Provide alternate beverages.

   D. Provide food, especially those high in proteins.

   E. Don't drink on an empty stomach.

   F. When you begin to feel "high," switch to soda.

Variations:

1. Use observers to report on the party.

2. Video tape the party and play it back to stimulate discussion.

THE
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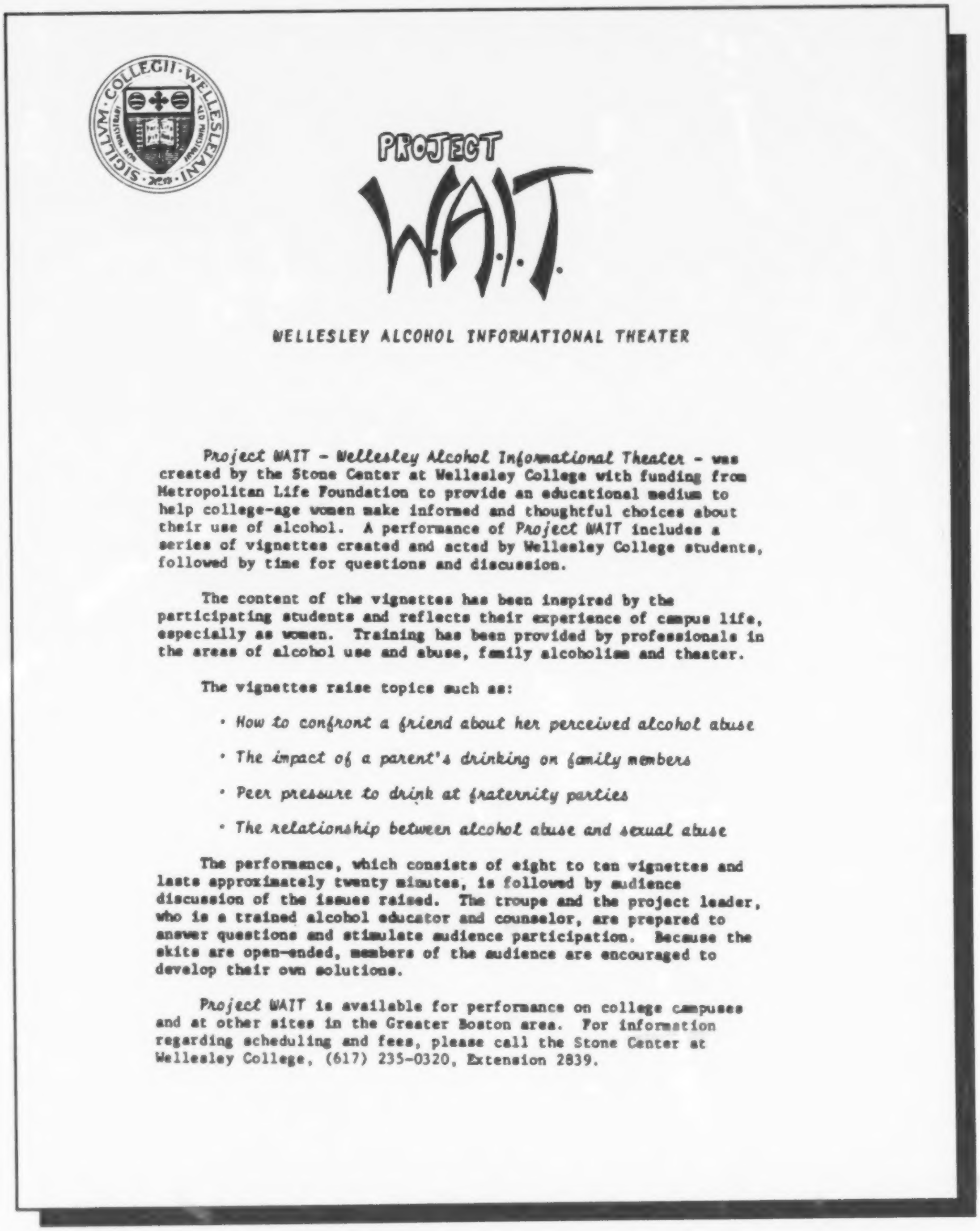

PROJECT W.A.I.T.

WELLESLEY ALCOHOL INFORMATIONAL THEATER

Project WAIT - Wellesley Alcohol Informational Theater - was created by the Stone Center at Wellesley College with funding from Metropolitan Life Foundation to provide an educational medium to help college-age women make informed and thoughtful choices about their use of alcohol. A performance of *Project WAIT* includes a series of vignettes created and acted by Wellesley College students, followed by time for questions and discussion.

The content of the vignettes has been inspired by the participating students and reflects their experience of campus life, especially as women. Training has been provided by professionals in the areas of alcohol use and abuse, family alcoholism and theater.

The vignettes raise topics such as:

- *How to confront a friend about her perceived alcohol abuse*
- *The impact of a parent's drinking on family members*
- *Peer pressure to drink at fraternity parties*
- *The relationship between alcohol abuse and sexual abuse*

The performance, which consists of eight to ten vignettes and lasts approximately twenty minutes, is followed by audience discussion of the issues raised. The troupe and the project leader, who is a trained alcohol educator and counselor, are prepared to answer questions and stimulate audience participation. Because the skits are open-ended, members of the audience are encouraged to develop their own solutions.

Project WAIT is available for performance on college campuses and at other sites in the Greater Boston area. For information regarding scheduling and fees, please call the Stone Center at Wellesley College, (617) 235-0320, Extension 2839.

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october 22

7:00 pm

in the
Living / Learning Fireplace
Lounge

Alcohol Awareness
Carrier

EXTRA! EXTRA!

**a
BREATHALYZER
demonstration
and
workshop**

by the
**vermont
state police**

Sponsored by the Alcohol Education Office
as a part of Alcohol Awareness
Week: Oct. 21 - 27!

The University of Vermont

"DO YOU MIX ALCOHOL AND GASOLINE SAFELY?"

UMBC Student Health Services' Alcohol and Other Drug Education Program has developed a drinking and driving game "Do You Mix Alcohol and Gasoline Safely?" This board game is designed as a winding road and uses a miniature car as a marker. It is used by Peer Alcohol/Drug Educators to interact with, and educate students about drinking issues. The game is used at exhibit booths during events and during theme weeks such as National Collegiate Alcohol Awareness Week.

To play the game, students roll dice and move the marker to a space with specific directions. The student is asked a question, and, if answered correctly, wins a prize. Prizes include items such as key chains, notepads, popcorn, chocolate chip cookies, Mocktails (alcohol-free drinks) and brownies. Most prizes are donated by UMBC's bookstore and area merchants.

Questions for the game were gathered from program Myth/Fact sheets and pamphlets on drinking and driving. Some questions include:

T F More than 11 million American families have seen a member killed or seriously injured by a drunk driver in the past 10 years.

T F Many insurance companies terminate insurance policies after a driving while intoxicated arrest.

T F The names of drunk drivers in Australia are sent to local newspapers and are printed under a heading, "He's drunk and in jail!"

T F Driving performance can be affected after the first drink (12 oz. beer, 4 oz. glass of wine, 1 1/2 oz. 80 proof liquor).

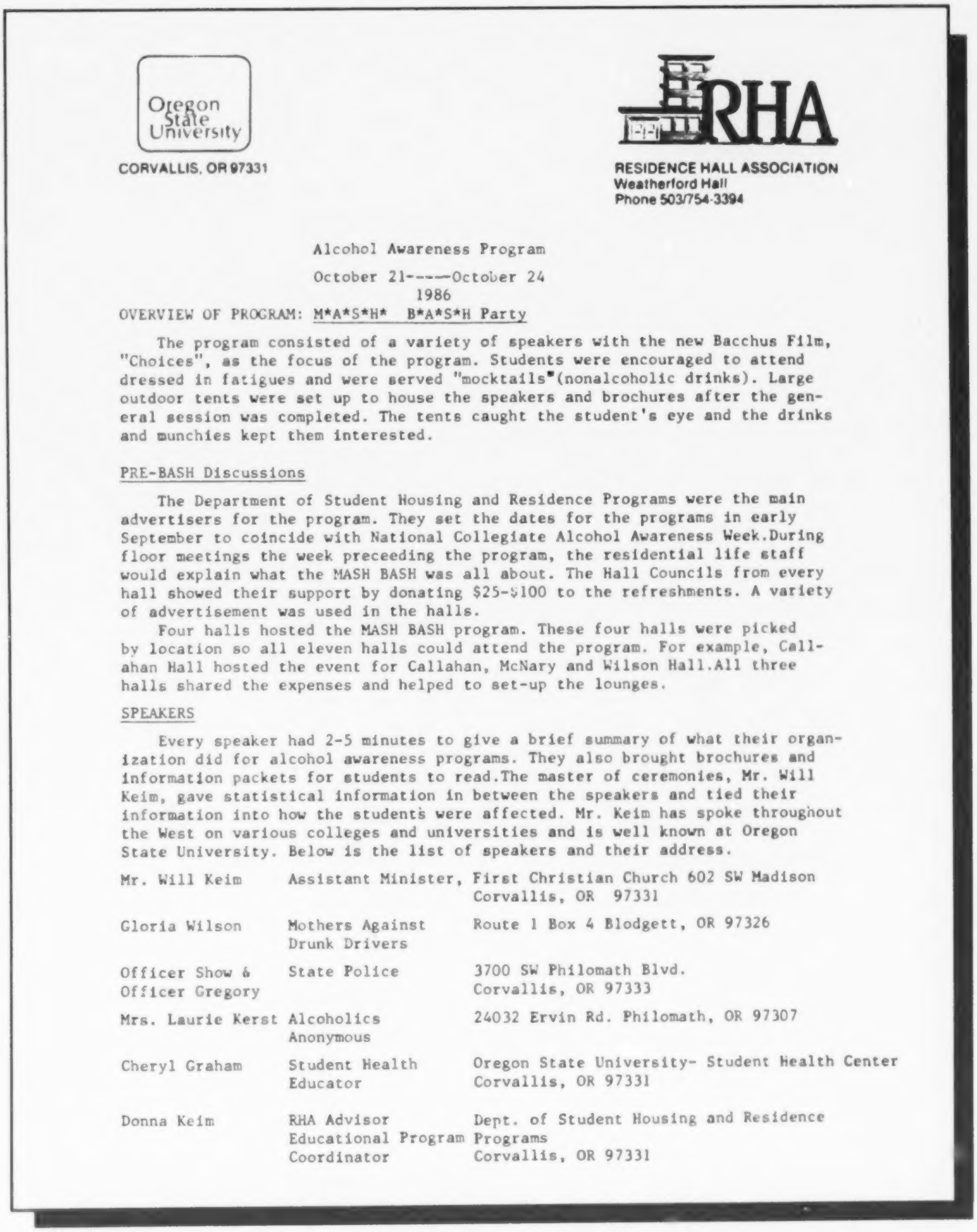
T F On weekend nights, one out of every 10 drivers is legally drunk, with a Blood Alcohol Concentration level of 0.10% or higher.

T F In Malaysia a drunk driver is jailed, and if he is married, so is his wife.

The game has been successful in attracting students to the table, and provides a mechanism for discussion about drinking and driving issues, as well as information about alcohol and other drugs. Students are encouraged to take literature which is also available at the table.

The Peer Alcohol and Other Drug Education program has several other games including: Alcohol/Drug Trivial Pursuit, The College Game of Life and Student Feud. All games have been well received by students, and we have found this to be an excellent way to reach commuting students with important alcohol and other drug information.

UMBC



Oregon State University
CORVALLIS, OR 97331

RHA
RESIDENCE HALL ASSOCIATION
Weatherford Hall
Phone 503/754-3394

Alcohol Awareness Program
October 21----October 24
1986

OVERVIEW OF PROGRAM: M*A*S*H* B*A*S*H Party

The program consisted of a variety of speakers with the new Bacchus Film, "Choices", as the focus of the program. Students were encouraged to attend dressed in fatigues and were served "mocktails"(nonalcoholic drinks). Large outdoor tents were set up to house the speakers and brochures after the general session was completed. The tents caught the student's eye and the drinks and munchies kept them interested.

PRE-BASH Discussions

The Department of Student Housing and Residence Programs were the main advertisers for the program. They set the dates for the programs in early September to coincide with National Collegiate Alcohol Awareness Week.During floor meetings the week preceeding the program, the residential life staff would explain what the MASH BASH was all about. The Hall Councils from every hall showed their support by donating $25-$100 to the refreshments. A variety of advertisement was used in the halls.

Four halls hosted the MASH BASH program. These four halls were picked by location so all eleven halls could attend the program. For example, Callahan Hall hosted the event for Callahan, McNary and Wilson Hall.All three halls shared the expenses and helped to set-up the lounges.

SPEAKERS

Every speaker had 2-5 minutes to give a brief summary of what their organization did for alcohol awareness programs. They also brought brochures and information packets for students to read.The master of ceremonies, Mr. Will Keim, gave statistical information in between the speakers and tied their information into how the students were affected. Mr. Keim has spoke throughout the West on various colleges and universities and is well known at Oregon State University. Below is the list of speakers and their address.

Mr. Will Keim	Assistant Minister,	First Christian Church 602 SW Madison Corvallis, OR 97331
Gloria Wilson	Mothers Against Drunk Drivers	Route 1 Box 4 Blodgett, OR 97326
Officer Show & Officer Gregory	State Police	3700 SW Philomath Blvd. Corvallis, OR 97333
Mrs. Laurie Kerst	Alcoholics Anonymous	24032 Ervin Rd. Philomath, OR 97307
Cheryl Graham	Student Health Educator	Oregon State University- Student Health Center Corvallis, OR 97331
Donna Keim	RHA Advisor Educational Program Coordinator	Dept. of Student Housing and Residence Programs Corvallis, OR 97331

Notes

Index of Chapter 7 Resources

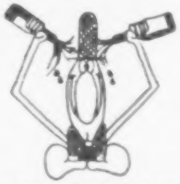
DEALING WITH PROBLEMS

	Pages	
I. Problem and Program Descriptions	267–272	Includes: • Sample student handbook page on alcohol's effect on body • Sample brochure on alcohol use facts • Sample student drinking self-tests
II. Peer and Student Assistance Programs	273–276	Includes: • Sample summaries and procedures of alcohol education programs
III. Confronting an Intoxicated Person	277–279	Includes: • "How to Help a Problem Drinker" workshop summary • Sample "Do's and Don'ts for the Immediate Care of a Drunk Person" hand-out
IV. Alternative Transportation	281–283	Includes: • Sample handout/flyer and program summary

Alcohol: Effects on Body

BODY SYSTEM	EFFECTS
Digestive	Irritant Promotes flow of gastric juices With intoxicating amounts impedes or stops digestion Gastritis
Circulatory	Only minor effects Blood vessels expand Heat is sacrificed
Kidneys	Effects pituitary gland in brain Increased urine production
Liver	Accumulation of fat in the liver cells Cirrhosis
Central Nervous	Depressant, Neurological Impairment, Organic Brain disease
Other	Heart Disease Brain and Nerve Damage Cancers of the gastrointestinal tract, supression of sex hormone production

Problem Drinking



There's a major difference between problem drinking and alcoholism An alcoholic is a problem drinker, but a problem drinker isn't necessarily an alcoholic Well then what exactly is a problem drinker, and how would you define one?

Perhaps the simplest approach to this question is also the best approach A problem drinker is one who experiences problems because of his/her drinking For example, if a person is constantly missing classes or failing exams because he/she's too hung over to perform, then that person should be classified as a problem drinker It's not a matter of whether one can stop drinking The issue here concentrates more on what occurs because of a person's drinking

A lot of problem drinkers can stop whenever they so choose, sometimes for long periods of time What remains to be evaluated, however, is what happens to them when they decide to drink Do they frequently pass out? Do they experience blackouts? Do they jump into bed with people they wouldn't even be seen with in public? Do they punch people out when they drink? Do they drive their car into trees, mailboxes, and small buildings? You know, subtle things

Potentially, any of us could become a problem drinker, simply by ignoring or losing track of our drinking habits, or comparing them to someone else's Everyone is different Because of this, we all have our own individual breaking point at which our drinking becomes a problem. If you're concerned about your drinking or someone else's you know, the following chart could be of assistance The areas of concern it concentrates on, more or less, offer a sound basis to judge whether someone's drinking is a problem

Problem Drinking

Problem Area	Characteristics of the Problem
Legal	Brushes with the law, because of alcohol, are probably the most obvious indications of a problem Drunken driving, vandalism, rape, assault, larceny etc If a person is continually getting in hot water they need help
Social	Are friendships deteriorating? Do friends remark about your drinking, both kiddingly and seriously If alcohol is straining your relationships with people, then it's a problem that needs to be dealt with
School / Job	If abused, alcohol can and will interrupt one's job or school performance If grades are suffering and classes are being missed because of one's drinking pattern, there's a problem
Health	It almost goes without saying that if a person is experiencing physical problems because of their drinking they need to re-evaluate their drinking habits
Financial	Alcohol costs, both in the short and long runs If a person is going without basic living essentials in order to purchase and consume alcohol, then chances are there is a problem

from publication "The Bar Exam"

Dean of Students Office
Boston College

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The favorite drug

The favorite drug of people today is alcohol. There are nine million Americans dependent on alcohol. Even more have drinking problems.

Many use alcohol responsibly and don't come to rely on it. Some will have a problem with it during times of stress or change in their lives. As the level of dependence increases, the problem increases.

But problem drinking can be recognized and dealt with early . . . before it becomes addiction. Dependence, or alcoholism, is a treatable illness. Up to three quarters of those who seek treatment for alcoholism recover or gain control of their condition.

If you know people who have problems with alcohol, encourage them to get competent help. If you recognize that you have trouble dealing responsibly with alcohol use, help yourself by taking advantage of the programs and information available.

The College has several programs to help you and others. They are listed in this brochure.

It is important to remember that choosing not to drink is a viable option. Over 100 million people in the United States do not drink alcohol. Sometimes, people overestimate social pressures to drink. The choice of whether or not to drink is yours. If you choose to use alcohol, make sure it doesn't use you.

from 1981 brochure "You can help....
We will help"
College of St. Thomas

Early warning signs of a drinking problem

- Difficult to get along with when drinking.
- Drinking "because I'm depressed."
- Drinking "to calm my nerves."
- Drinking until "dead drunk" at times.
- Not recalling some drinking episodes.
- Hiding liquor.
- Lying about drinking.
- Neglecting to eat when drinking.
- Neglecting family and friends when drinking.

Legally speaking

You should know the following facts:

- The legal drinking age in Minnesota is 19.
- Driving While Under the Influence of alcohol (DWI) is punishable by a maximum fine of $500 and/or 90 days in the workhouse and the possibility of loss of your driver's license.
- Having an open bottle or more than .05 ounces of marijuana in the automobile is a misdemeanor punishable by a $100 to $500 fine.
- Using a false identification to obtain alcohol can result in loss of the identification and up to a $500 fine.
- Refusing to take a breathalizer, blood or urine test can result in an automatic six month's sentence if a hearing shows the arresting officer had probable cause to believe you were intoxicated.
- Driving with .10 or higher blood alcohol level is an automatic violation of Minnesota law.
- If you are charged with an alcohol-related offense, the judge must order a chemical evaluation before the case can be disposed of.

Myths and reality

Myths surround the use of alcohol. Consider the following fairy tales.

Getting drunk is funny. Maybe it's funny in the movies or on TV. But in real life, getting drunk is not funny. It's sad and embarrassing.

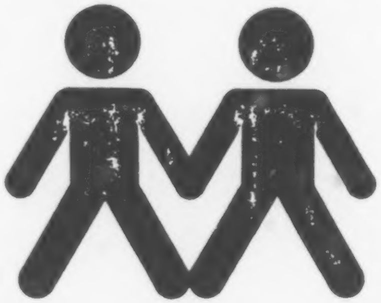
Being able to "hold your liquor" is a sign of maturity. People who can "really hold their liquor" have probably had a lot of practice and are on their way to dependence.

A few drinks won't affect driving. Not only will a few drinks affect your driving skills, it will also affect your judgment so you might think you can drive safely. At least half the fatal highway accidents involve drinking.

Alcohol is a stimulant. Alcohol is about as good a stimulant as ether.

People are friendlier when they're drunk. Maybe. But they're also more hostile, more dangerous, more criminal, more homicidal and more suicidal.

Drinking beer isn't really drinking. One beer or one glass of wine is about equal to one average highball or mixed drink. It's just diluted in advance.



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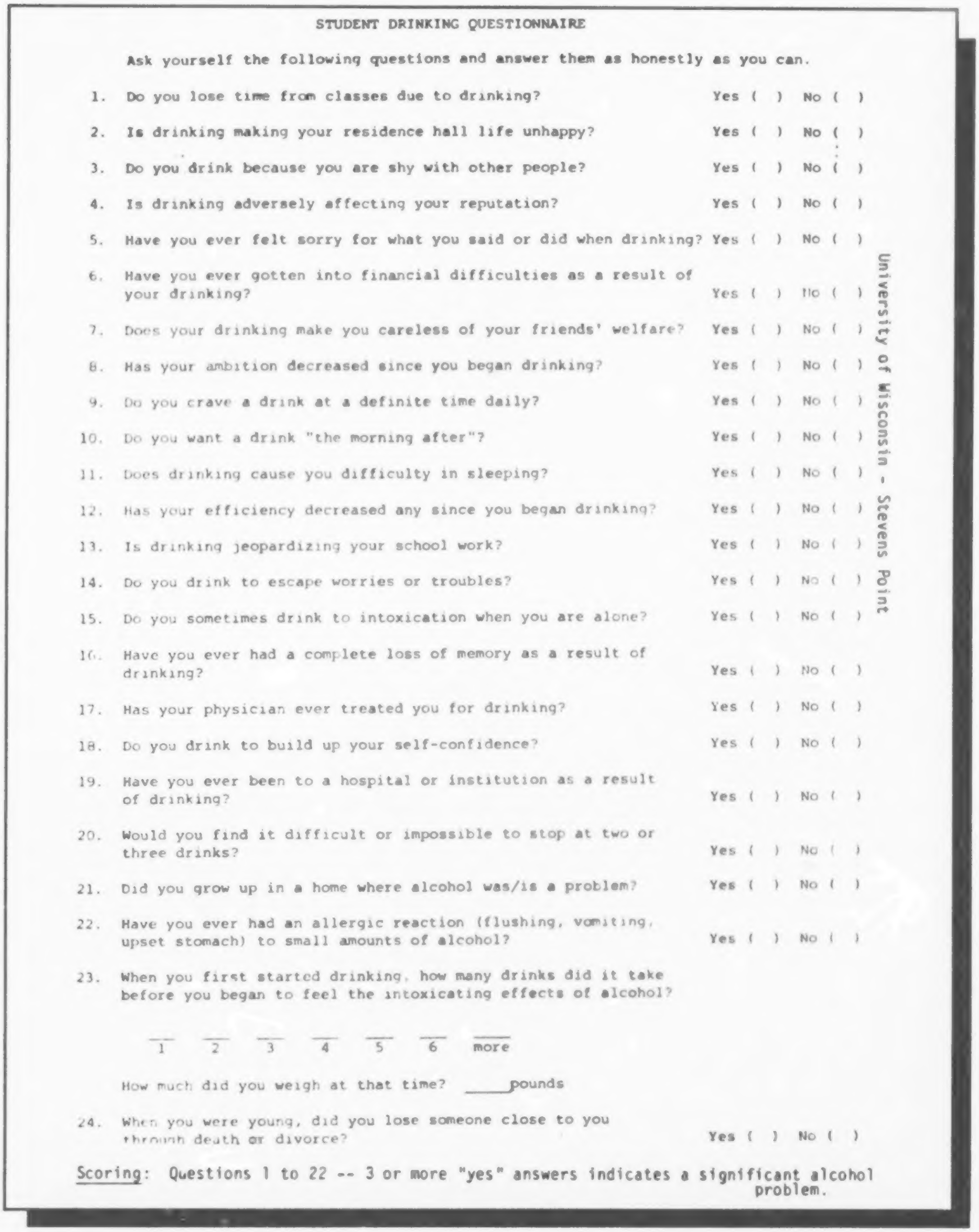


STUDENT DRINKING QUESTIONNAIRE

Ask yourself the following questions and answer them as honestly as you can.

1. Do you lose time from classes due to drinking? Yes ( ) No ( )
2. Is drinking making your residence hall life unhappy? Yes ( ) No ( )
3. Do you drink because you are shy with other people? Yes ( ) No ( )
4. Is drinking adversely affecting your reputation? Yes ( ) No ( )
5. Have you ever felt sorry for what you said or did when drinking? Yes ( ) No ( )
6. Have you ever gotten into financial difficulties as a result of your drinking? Yes ( ) No ( )
7. Does your drinking make you careless of your friends' welfare? Yes ( ) No ( )
8. Has your ambition decreased since you began drinking? Yes ( ) No ( )
9. Do you crave a drink at a definite time daily? Yes ( ) No ( )
10. Do you want a drink "the morning after"? Yes ( ) No ( )
11. Does drinking cause you difficulty in sleeping? Yes ( ) No ( )
12. Has your efficiency decreased any since you began drinking? Yes ( ) No ( )
13. Is drinking jeopardizing your school work? Yes ( ) No ( )
14. Do you drink to escape worries or troubles? Yes ( ) No ( )
15. Do you sometimes drink to intoxication when you are alone? Yes ( ) No ( )
16. Have you ever had a complete loss of memory as a result of drinking? Yes ( ) No ( )
17. Has your physician ever treated you for drinking? Yes ( ) No ( )
18. Do you drink to build up your self-confidence? Yes ( ) No ( )
19. Have you ever been to a hospital or institution as a result of drinking? Yes ( ) No ( )
20. Would you find it difficult or impossible to stop at two or three drinks? Yes ( ) No ( )
21. Did you grow up in a home where alcohol was/is a problem? Yes ( ) No ( )
22. Have you ever had an allergic reaction (flushing, vomiting, upset stomach) to small amounts of alcohol? Yes ( ) No ( )
23. When you first started drinking, how many drinks did it take before you began to feel the intoxicating effects of alcohol?

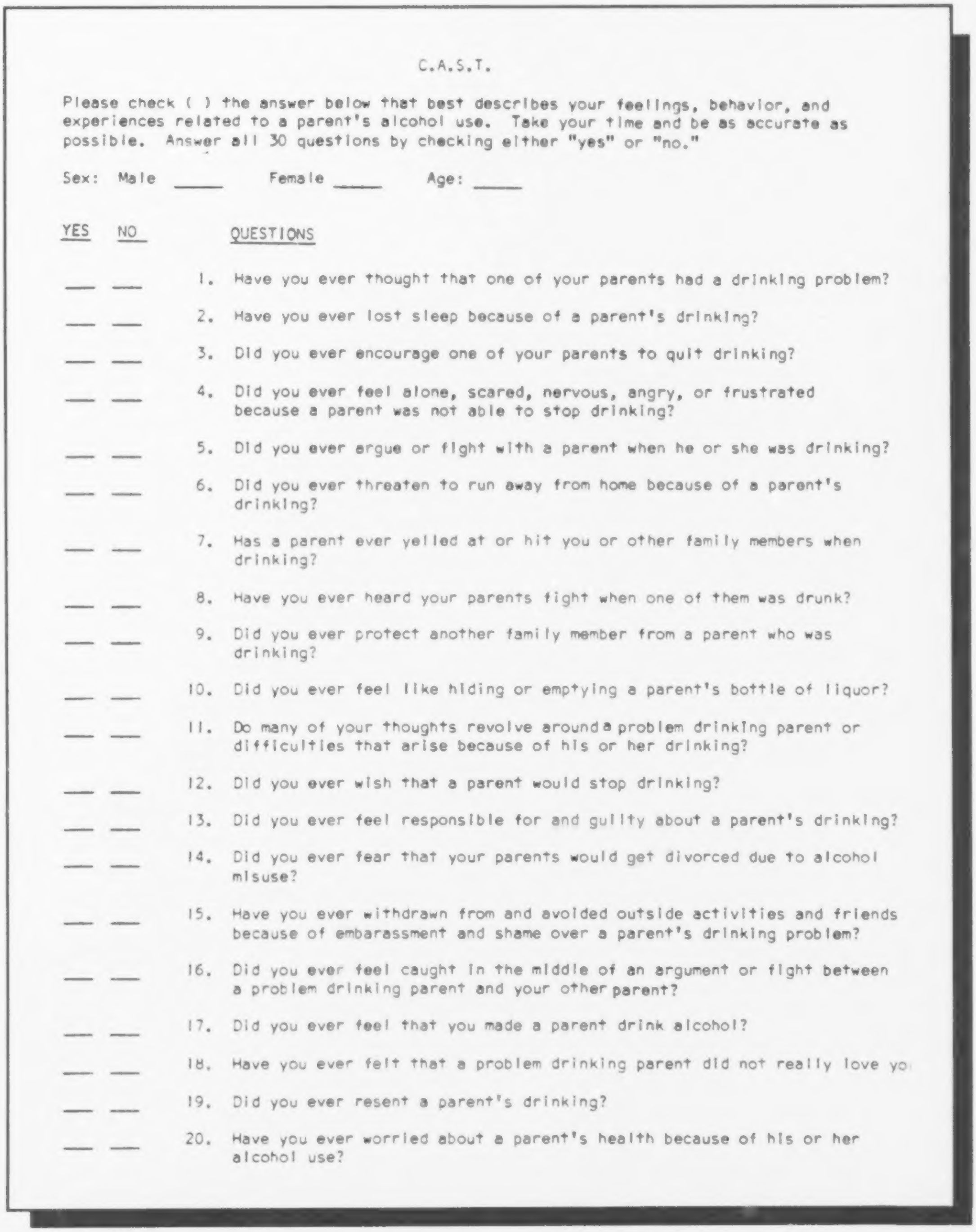
___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ more

How much did you weigh at that time? _____pounds

24. When you were young, did you lose someone close to you through death or divorce? Yes ( ) No ( )

Scoring: Questions 1 to 22 -- 3 or more "yes" answers indicates a significant alcohol problem.

University of Wisconsin - Stevens Point



C.A.S.T.

Please check ( ) the answer below that best describes your feelings, behavior, and experiences related to a parent's alcohol use. Take your time and be as accurate as possible. Answer all 30 questions by checking either "yes" or "no."

Sex: Male _____ Female _____ Age: _____

YES NO QUESTIONS

___ ___ 1. Have you ever thought that one of your parents had a drinking problem?
___ ___ 2. Have you ever lost sleep because of a parent's drinking?
___ ___ 3. Did you ever encourage one of your parents to quit drinking?
___ ___ 4. Did you ever feel alone, scared, nervous, angry, or frustrated because a parent was not able to stop drinking?
___ ___ 5. Did you ever argue or fight with a parent when he or she was drinking?
___ ___ 6. Did you ever threaten to run away from home because of a parent's drinking?
___ ___ 7. Has a parent ever yelled at or hit you or other family members when drinking?
___ ___ 8. Have you ever heard your parents fight when one of them was drunk?
___ ___ 9. Did you ever protect another family member from a parent who was drinking?
___ ___ 10. Did you ever feel like hiding or emptying a parent's bottle of liquor?
___ ___ 11. Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking?
___ ___ 12. Did you ever wish that a parent would stop drinking?
___ ___ 13. Did you ever feel responsible for and guilty about a parent's drinking?
___ ___ 14. Did you ever fear that your parents would get divorced due to alcohol misuse?
___ ___ 15. Have you ever withdrawn from and avoided outside activities and friends because of embarassment and shame over a parent's drinking problem?
___ ___ 16. Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent?
___ ___ 17. Did you ever feel that you made a parent drink alcohol?
___ ___ 18. Have you ever felt that a problem drinking parent did not really love yo
___ ___ 19. Did you ever resent a parent's drinking?
___ ___ 20. Have you ever worried about a parent's health because of his or her alcohol use?

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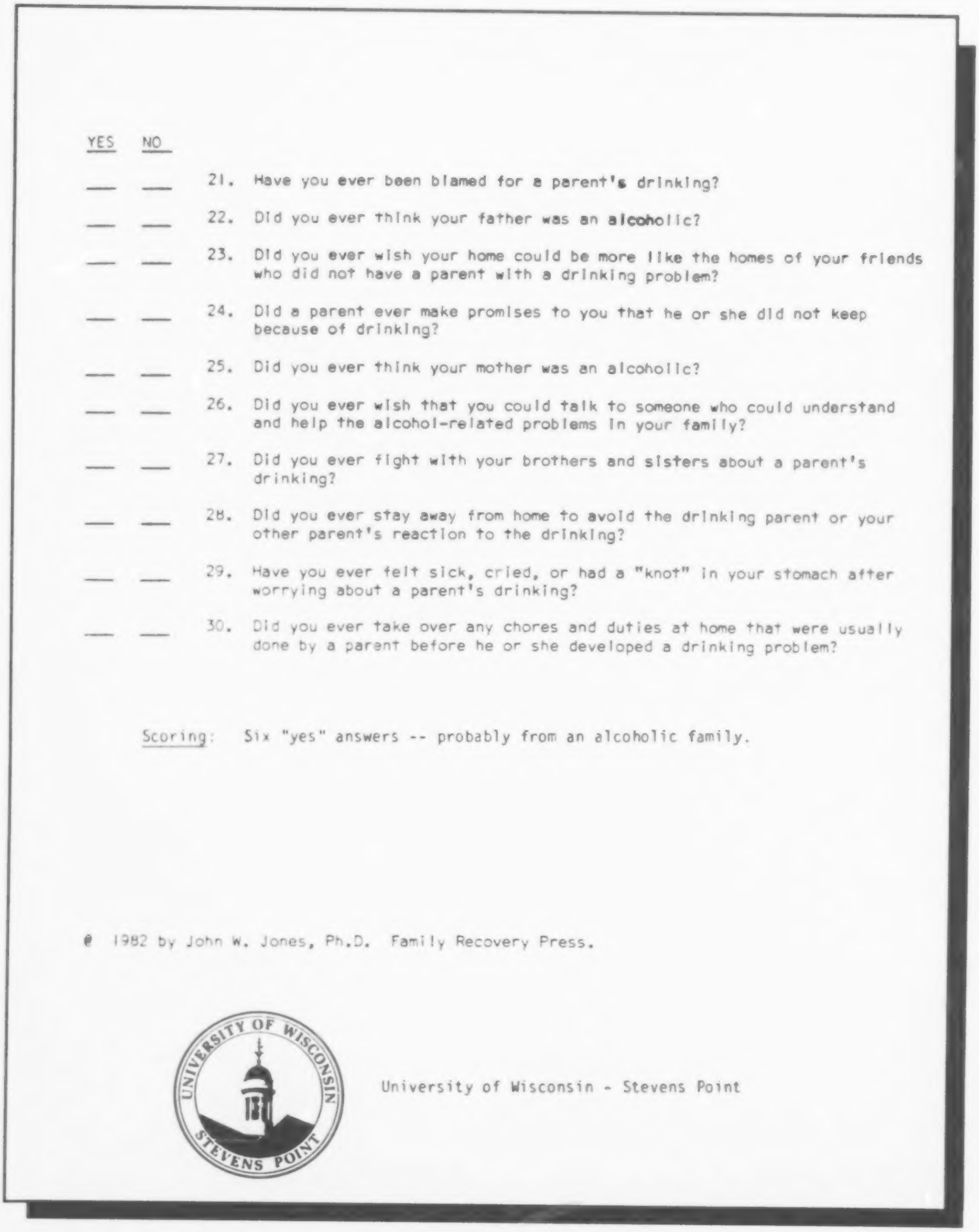


YES	NO		
		21.	Have you ever been blamed for a parent's drinking?
		22.	Did you ever think your father was an alcoholic?
		23.	Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem?
		24.	Did a parent ever make promises to you that he or she did not keep because of drinking?
		25.	Did you ever think your mother was an alcoholic?
		26.	Did you ever wish that you could talk to someone who could understand and help the alcohol-related problems in your family?
		27.	Did you ever fight with your brothers and sisters about a parent's drinking?
		28.	Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking?
		29.	Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking?
		30.	Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem?

Scoring: Six "yes" answers -- probably from an alcoholic family.

© 1982 by John W. Jones, Ph.D. Family Recovery Press.

University of Wisconsin - Stevens Point

ALCOHOL EDUCATION PROGRAM

Summary

The University of Pittsburgh's Alcohol Education Program is intended to reduce the problems on campus related to alcohol abuse, including property damage, interference with classroom performance, and academic probation. The intent of the Program is to develop a high level of alcohol awareness and to identify problem drinkers early so that they can be referred to the University's network of support.

Students are referred involuntarily in lieu of disciplinary action; compliance with the terms of the Program require attendance at three education sessions and one evaluative interview conducted by a psychologist specializing in alcohol-related problems. Students must attend all three education sessions, but they may do so in any order. The content of the education sessions includes facts about alcohol, societal attitudes toward drinking, and how decisions are made regarding drinking. The evaluative interview can generate recommendations for further help, although these recommendations are not binding upon students.

Program Goals

1) Increase awareness of the implications of alcohol use.
2) Increase understanding of how the misuse of alcohol can be detrimental to friendships, to a sense of personal worth and value, and to the overall healthy functioning of an individual.
3) Detect problem drinking early and inform students of the inherent dangers through information dissemination and alcohol education sessions.
4) Detect and refer students (who may be developing alcohol problems) to the University of Pittsburgh's network of support.
5) Encourage students to limit problem drinking themselves by examining how responsible decisions about drinking are made.
6) Involve students in discussing problems associated with alcohol.

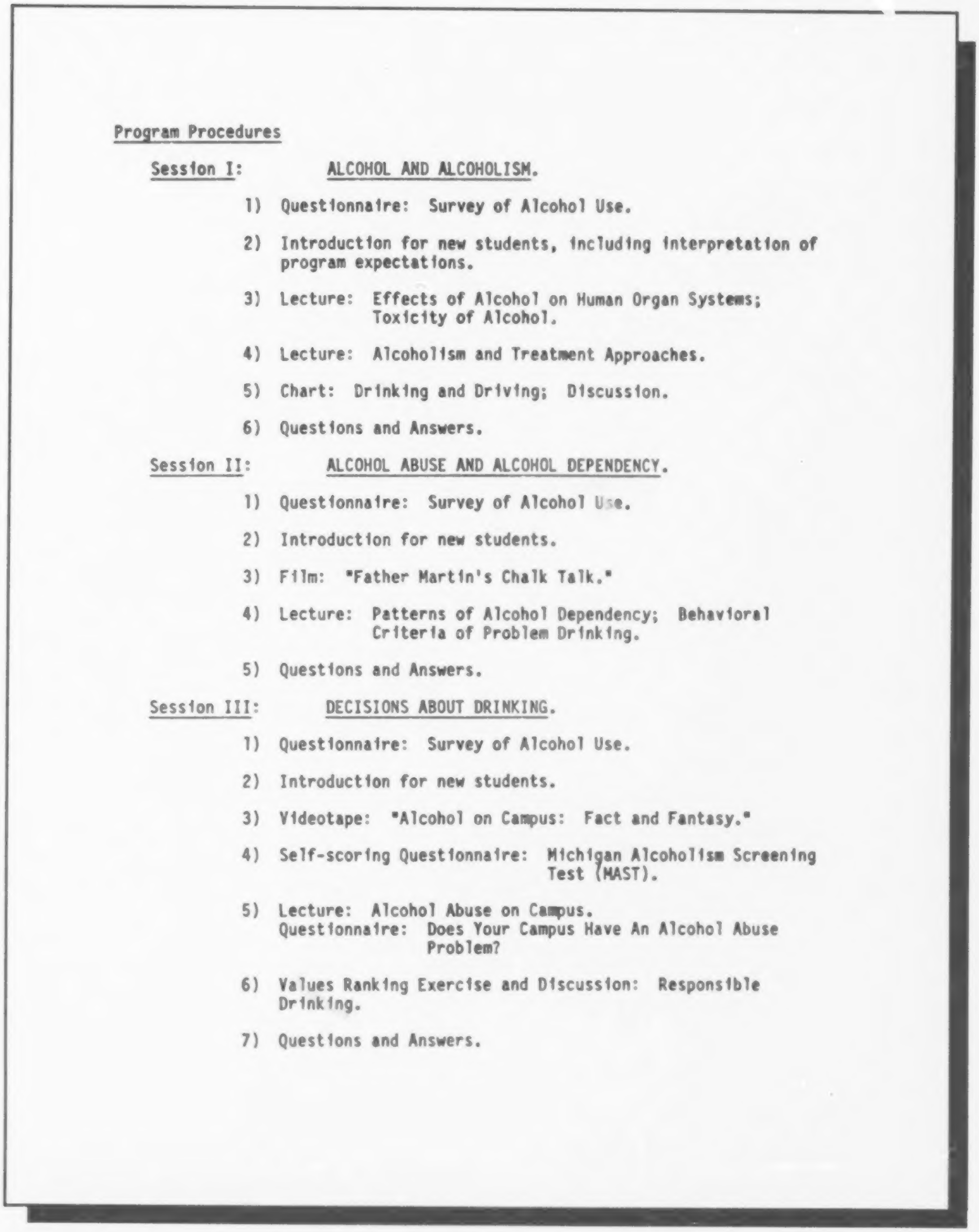
Materials Needed

- Film: "Father Martin's Chalk Talk."
- Videotape: "Alcohol on Campus: Fact and Fantasy."
- Questionnaires:
    - a) Michigan Alcoholism Screening Test
    - b) Survey of Alcohol Use
    - c) Does Your Campus Have An Alcohol Abuse Problem?

- Values Ranking Exercise: Responsible Drinking.
- Chart: Know Your Limits - Drinking and Driving.

Evaluation

The Survey of Alcohol Use will be completed by each student upon entering the Alcohol Education Program (at first session); it will be completed by each student again upon completion of the Program (at the end of the third session).



Program Procedures

Session I: ALCOHOL AND ALCOHOLISM.

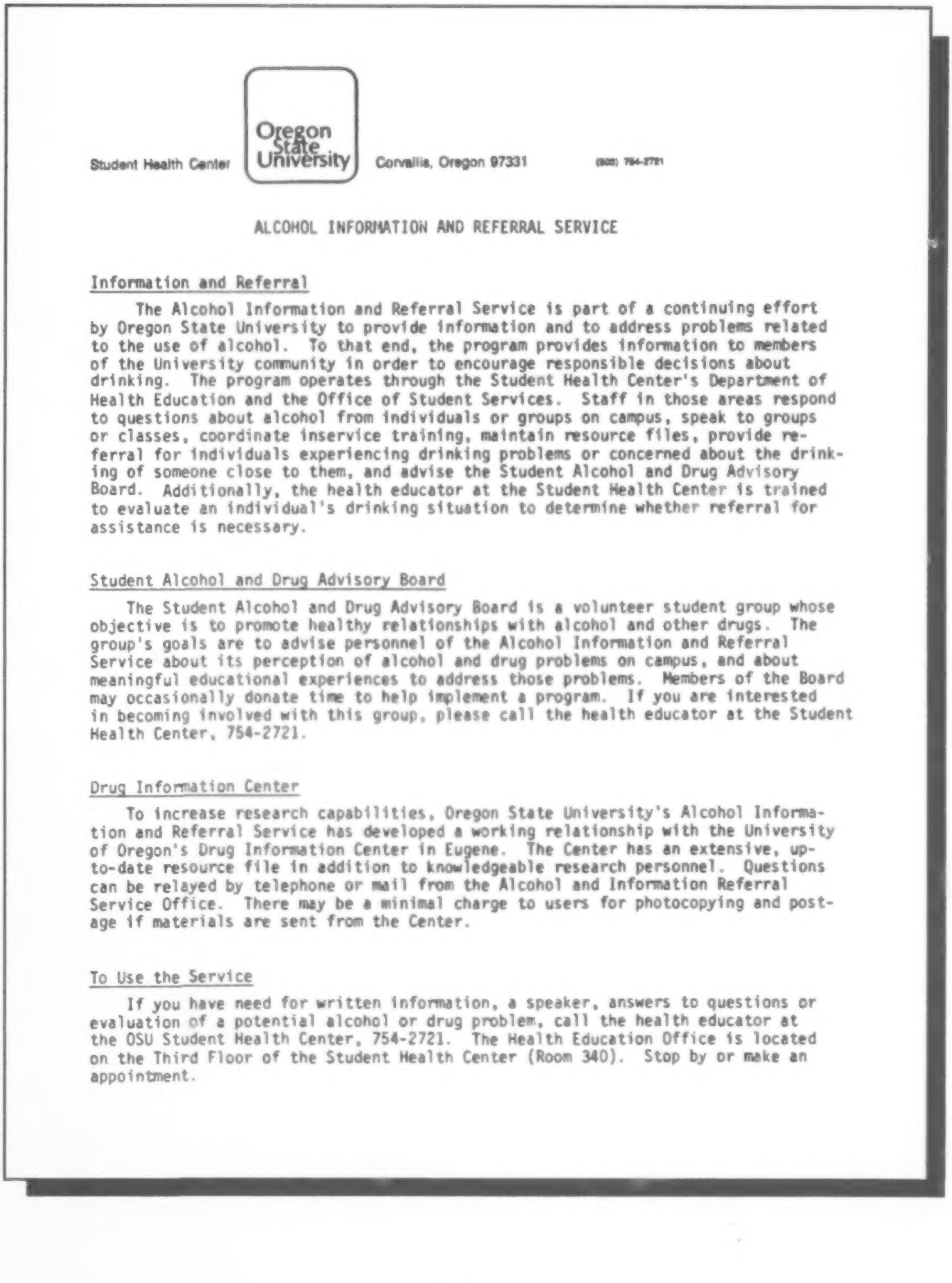
1) Questionnaire: Survey of Alcohol Use.
2) Introduction for new students, including interpretation of program expectations.
3) Lecture: Effects of Alcohol on Human Organ Systems; Toxicity of Alcohol.
4) Lecture: Alcoholism and Treatment Approaches.
5) Chart: Drinking and Driving; Discussion.
6) Questions and Answers.

Session II: ALCOHOL ABUSE AND ALCOHOL DEPENDENCY.

1) Questionnaire: Survey of Alcohol Use.
2) Introduction for new students.
3) Film: "Father Martin's Chalk Talk."
4) Lecture: Patterns of Alcohol Dependency; Behavioral Criteria of Problem Drinking.
5) Questions and Answers.

Session III: DECISIONS ABOUT DRINKING.

1) Questionnaire: Survey of Alcohol Use.
2) Introduction for new students.
3) Videotape: "Alcohol on Campus: Fact and Fantasy."
4) Self-scoring Questionnaire: Michigan Alcoholism Screening Test (MAST).
5) Lecture: Alcohol Abuse on Campus.
   Questionnaire: Does Your Campus Have An Alcohol Abuse Problem?
6) Values Ranking Exercise and Discussion: Responsible Drinking.
7) Questions and Answers.



Student Health Center Oregon State University Corvallis, Oregon 97331 (503) 754-2721

ALCOHOL INFORMATION AND REFERRAL SERVICE

Information and Referral

The Alcohol Information and Referral Service is part of a continuing effort by Oregon State University to provide information and to address problems related to the use of alcohol. To that end, the program provides information to members of the University community in order to encourage responsible decisions about drinking. The program operates through the Student Health Center's Department of Health Education and the Office of Student Services. Staff in those areas respond to questions about alcohol from individuals or groups on campus, speak to groups or classes, coordinate inservice training, maintain resource files, provide referral for individuals experiencing drinking problems or concerned about the drinking of someone close to them, and advise the Student Alcohol and Drug Advisory Board. Additionally, the health educator at the Student Health Center is trained to evaluate an individual's drinking situation to determine whether referral for assistance is necessary.

Student Alcohol and Drug Advisory Board

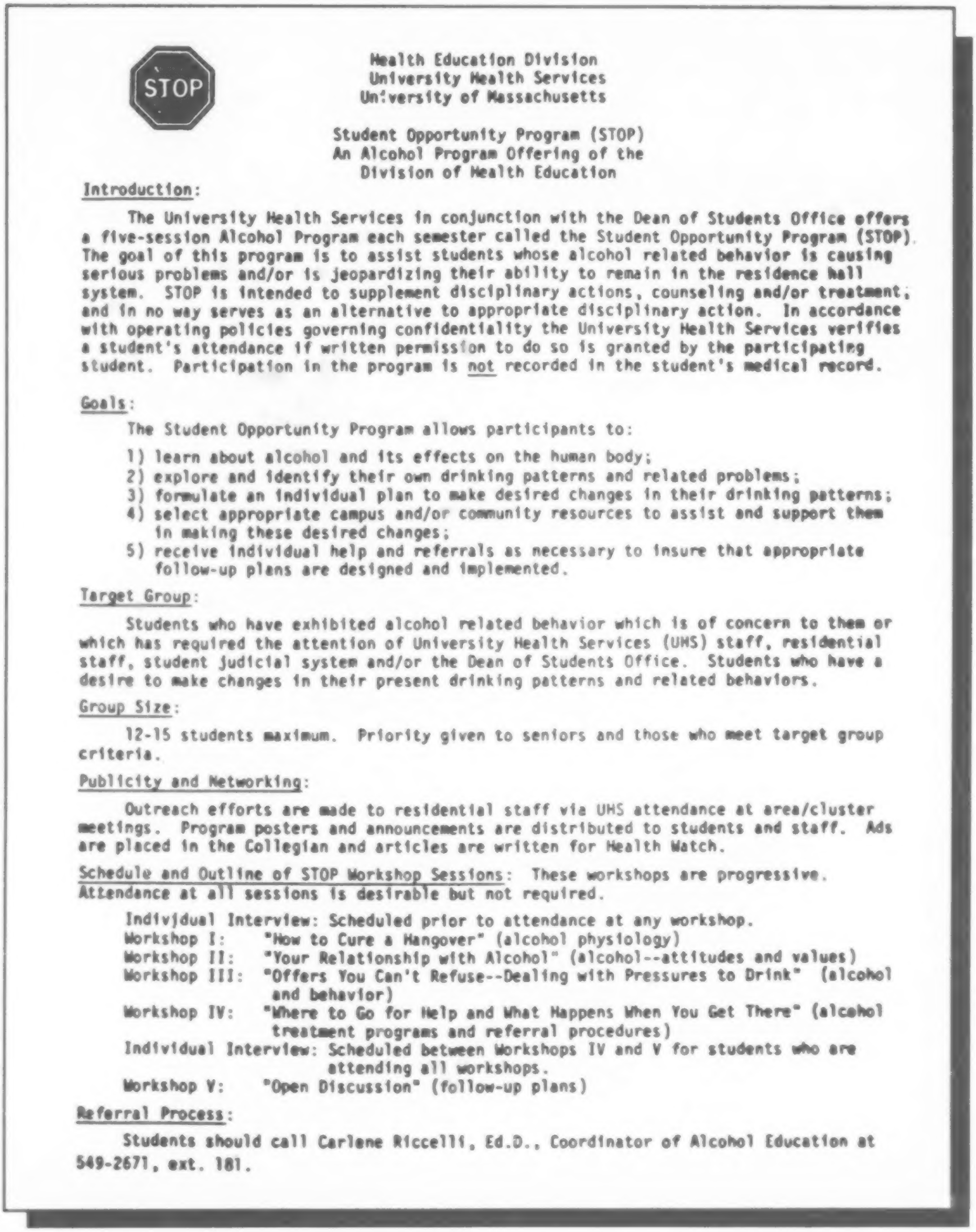
The Student Alcohol and Drug Advisory Board is a volunteer student group whose objective is to promote healthy relationships with alcohol and other drugs. The group's goals are to advise personnel of the Alcohol Information and Referral Service about its perception of alcohol and drug problems on campus, and about meaningful educational experiences to address those problems. Members of the Board may occasionally donate time to help implement a program. If you are interested in becoming involved with this group, please call the health educator at the Student Health Center, 754-2721.

Drug Information Center

To increase research capabilities, Oregon State University's Alcohol Information and Referral Service has developed a working relationship with the University of Oregon's Drug Information Center in Eugene. The Center has an extensive, up-to-date resource file in addition to knowledgeable research personnel. Questions can be relayed by telephone or mail from the Alcohol and Information Referral Service Office. There may be a minimal charge to users for photocopying and postage if materials are sent from the Center.

To Use the Service

If you have need for written information, a speaker, answers to questions or evaluation of a potential alcohol or drug problem, call the health educator at the OSU Student Health Center, 754-2721. The Health Education Office is located on the Third Floor of the Student Health Center (Room 340). Stop by or make an appointment.



Health Education Division
University Health Services
University of Massachusetts

Student Opportunity Program (STOP)
An Alcohol Program Offering of the
Division of Health Education

Introduction:

The University Health Services in conjunction with the Dean of Students Office offers a five-session Alcohol Program each semester called the Student Opportunity Program (STOP). The goal of this program is to assist students whose alcohol related behavior is causing serious problems and/or is jeopardizing their ability to remain in the residence hall system. STOP is intended to supplement disciplinary actions, counseling and/or treatment, and in no way serves as an alternative to appropriate disciplinary action. In accordance with operating policies governing confidentiality the University Health Services verifies a student's attendance if written permission to do so is granted by the participating student. Participation in the program is not recorded in the student's medical record.

Goals:

The Student Opportunity Program allows participants to:

1) learn about alcohol and its effects on the human body;
2) explore and identify their own drinking patterns and related problems;
3) formulate an individual plan to make desired changes in their drinking patterns;
4) select appropriate campus and/or community resources to assist and support them in making these desired changes;
5) receive individual help and referrals as necessary to insure that appropriate follow-up plans are designed and implemented.

Target Group:

Students who have exhibited alcohol related behavior which is of concern to them or which has required the attention of University Health Services (UHS) staff, residential staff, student judicial system and/or the Dean of Students Office. Students who have a desire to make changes in their present drinking patterns and related behaviors.

Group Size:

12-15 students maximum. Priority given to seniors and those who meet target group criteria.

Publicity and Networking:

Outreach efforts are made to residential staff via UHS attendance at area/cluster meetings. Program posters and announcements are distributed to students and staff. Ads are placed in the Collegian and articles are written for Health Watch.

Schedule and Outline of STOP Workshop Sessions: These workshops are progressive. Attendance at all sessions is desirable but not required.

Individual Interview: Scheduled prior to attendance at any workshop.
Workshop I: "How to Cure a Hangover" (alcohol physiology)
Workshop II: "Your Relationship with Alcohol" (alcohol--attitudes and values)
Workshop III: "Offers You Can't Refuse--Dealing with Pressures to Drink" (alcohol and behavior)
Workshop IV: "Where to Go for Help and What Happens When You Get There" (alcohol treatment programs and referral procedures)
Individual Interview: Scheduled between Workshops IV and V for students who are attending all workshops.
Workshop V: "Open Discussion" (follow-up plans)

Referral Process:

Students should call Carlene Riccelli, Ed.D., Coordinator of Alcohol Education at 549-2671, ext. 181.

TOPIC: How to Help a Problem Drinker

OBJECTIVE:
1. Participants will recognize the signs of problem drinking
2. Participants will discuss ways to help a problem drinker
3. Participants will examine how groups can set norms or act to reinforce or discourage problem drinking
4. Participants will learn emergency procedures for assisting a person who is acutely intoxicated

PARTICIPANTS: 6-25

TIME REQUIRED: 2 hours

MATERIALS: Newsprint and felt tip pen, Drinking Dan Chart, BAC handouts, BAC Wheels, emergencies procedures handout, Cycle of Drinking Patterns handout, Circle Game and instructions sheet, STOP epic cards, pamphlets, pencils & paper.

PHYSICAL SETTING: A distraction free room with dimensions and seating that allow for easy interaction among participants.

INTRODUCTION:
1. Introduce yourself and your personal connection with this topic.
2. AEP, Mental Health, Health Center
3. AEP goals
4. Participants introduce self and state their expectations for workshop

CONTRACT:
1. Facilitator shares workshop design with group
2. Negotiate if necessary

PROCESS: I. Signs and Symptoms Brainstorming Activity

A. Ask participants to think about someone they know who may be a problem drinker.

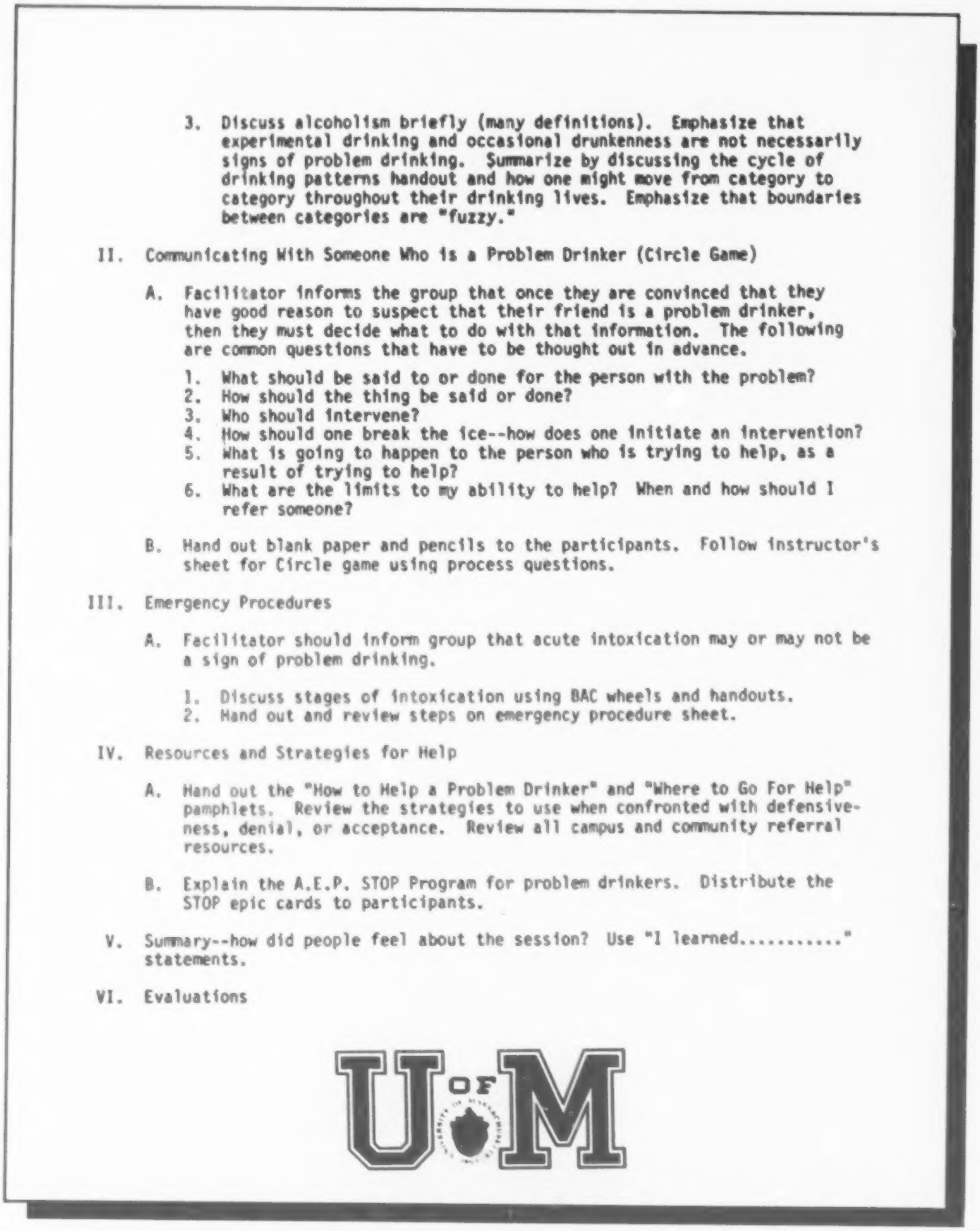
B. Ask participants to brainstorm all the behaviors of this problem drinker which are signs and symptoms of a drinking problem.

C. Discussion session

1. The facilitator should make sure the following points are discussed--amount consumed, how often the person drinks, how alcohol use affects the individual's life - economic, academic, social, emotional. Look for specific behaviors, missing classes, hangovers, blackouts.

2. Emphasize that it is not enough to say that someone is drinking "too much." Amount of alcohol by itself does not necessarily constitute a problem. You must look beyond the amount, and examine a person's life. Is alcohol affecting his/her life in any of the following spheres? (The facilitator might ask participants to look at the signs and symptoms they have brainstormed and categorize them under the following headings.)

PHYSICAL	PSYCHO-SOCIAL	ECONOMIC
eg, frequent hangovers	eg, loss of friends	eg, missing class or work



3. Discuss alcoholism briefly (many definitions). Emphasize that experimental drinking and occasional drunkenness are not necessarily signs of problem drinking. Summarize by discussing the cycle of drinking patterns handout and how one might move from category to category throughout their drinking lives. Emphasize that boundaries between categories are "fuzzy."

II. Communicating With Someone Who is a Problem Drinker (Circle Game)

A. Facilitator informs the group that once they are convinced that they have good reason to suspect that their friend is a problem drinker, then they must decide what to do with that information. The following are common questions that have to be thought out in advance.

1. What should be said to or done for the person with the problem?
2. How should the thing be said or done?
3. Who should intervene?
4. How should one break the ice--how does one initiate an intervention?
5. What is going to happen to the person who is trying to help, as a result of trying to help?
6. What are the limits to my ability to help? When and how should I refer someone?

B. Hand out blank paper and pencils to the participants. Follow instructor's sheet for Circle game using process questions.

III. Emergency Procedures

A. Facilitator should inform group that acute intoxication may or may not be a sign of problem drinking.

1. Discuss stages of intoxication using BAC wheels and handouts.
2. Hand out and review steps on emergency procedure sheet.

IV. Resources and Strategies for Help

A. Hand out the "How to Help a Problem Drinker" and "Where to Go For Help" pamphlets. Review the strategies to use when confronted with defensiveness, denial, or acceptance. Review all campus and community referral resources.

B. Explain the A.E.P. STOP Program for problem drinkers. Distribute the STOP epic cards to participants.

V. Summary--how did people feel about the session? Use "I learned..........." statements.

VI. Evaluations

DO'S AND DON'TS FOR THE IMMEDIATE CARE OF A DRUNK PERSON

Don'ts

1. Don't give the person any drugs (not even aspirin) to sober them up.
2. Don't give the person coffee, tea, or other liquid stimulants to sober them up.
3. Don't give the person a cold shower - the shock may cause the person to pass out, injuring him/her self.
4. Don't try to walk, run or exercise the drunk person.
5. Don't keep the person awake.
6. Don't attempt to constrain the person.
7. Don't induce vomiting in a semi-conscious person.
8. Don't try to be rational or logical in discussions with the person.
9. Don't be intimidated by the person or his behavior.

Do's

1. Be aware of your own fear in dealing with a drunk person.
2. If possible, assess whether the person is in a life-threatening health crisis. If so, get help - advisory and/or police.
3. Keep your distance. Before approaching or touching, explain what you intend to do.
4. Speak in a clear, firm, reassuring manner.
5. Keep the person comfortable - however, don't reinforce drinking behavior.
6. If the person is put in bed - make sure the person is lying on his/her side, not on their back.
7. If you put a person to bed, monitor their breathing. Where possible, keep the room quiet and softly lighted, and leave the room door ajar so you can listen for them.
8. Utilize the support of others - enlist the involvement of friends.

Taken partially from materials developed at Michigan State University, Office of Residence Hall Programs.

Duke University

OFF-CAMPUS TRANSPORTATION FACT SHEET

Here are the details you will need to charter buses for your social events held off-campus. By making arrangements as early as possible, you will ensure the availability of adequate transportation.

The Office of Student Life, the ASDU Legislature, the Office of Health Education and the Student Affairs Committee strongly urge that groups begin including money for buses in their budgeting. By partially financing this as a fixed cost of the event, the apparent cost to the individual will be lowered thereby encouraging their use.

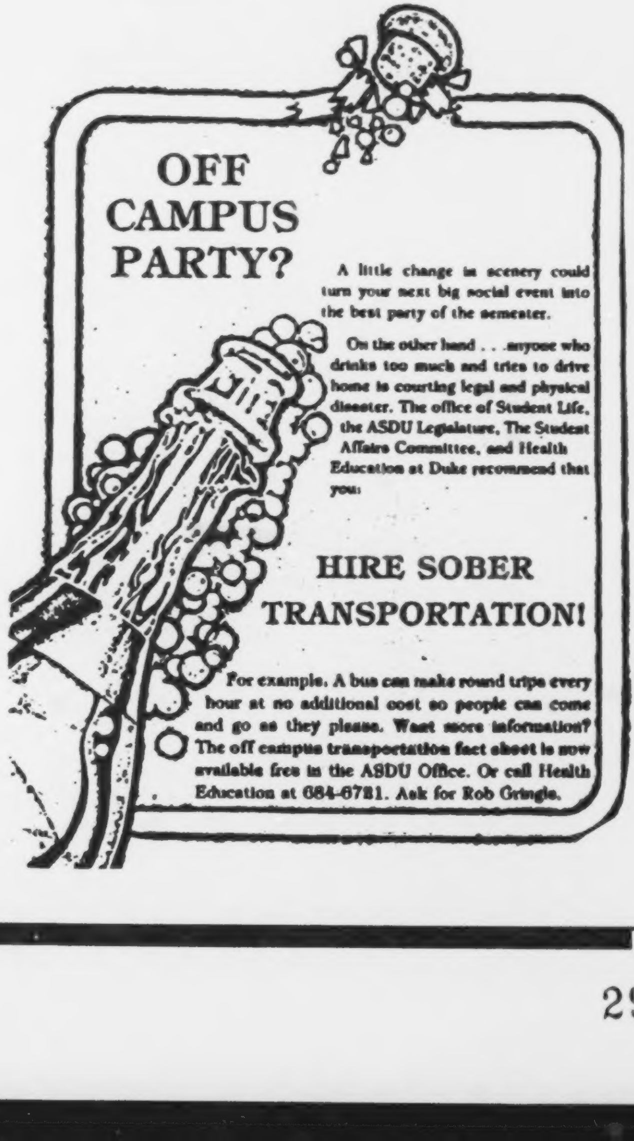
A bus can make round trips every hour or so at no additional cost. Your group can use one bus and people can come and go as they please.

This information will be updated periodically. Additional copies of this fact sheet are available in the ASDU Office.

This valuable information can be of great use to your organization if you take the time to properly plan your future social activities.

Coordinated by Julie Guest
Mirecourt Representative

Udated by Carl Koella
ASDU Representative at-Large
Student Affairs Committee



OFF CAMPUS PARTY?

A little change in scenery could turn your next big social event into the best party of the semester.

On the other hand . . . anyone who drinks too much and tries to drive home is courting legal and physical disaster. The office of Student Life, the ASDU Legislature, The Student Affairs Committee, and Health Education at Duke recommend that you:

HIRE SOBER TRANSPORTATION!

For example. A bus can make round trips every hour at no additional cost so people can come and go as they please. Want more information? The off campus transportation fact sheet is now available free in the ASDU Office. Or call Health Education at 684-6721. Ask for Rob Gringle.

"This Ride's for You": A Student Response to Drunk Driving

Noreen Mattis
Health Education
Bryant College
Smithfield, Rhode Island

Statistics (e.g., Vejnoska, 1982) show that alcohol-related traffic accidents were the leading cause of death among young adults ages 16 to 24 years. The deaths of two Bryant College students in alcohol-related traffic accidents during the 1982-83 academic year produced an increase in students' concern for each other's safety and a peer group response to the problem of student drinking and driving.

Conceived by the Bryant College Student Senate and developed under the direction of the Office of Health Education, This Ride's for You is a program based on the national Safe Rides model. It is designed to provide a free and confidential safe ride home to any student who is not in a condition to drive safely or to any student who wants to avoid being a passenger with a drunk driver.

Before program implementation, a survey of 17 students was conducted by the steering committee for the program. Of the students surveyed, 96% indicated that they believed this program should be implemented. The need for the program was further demonstrated by the fact that 80% of the students surveyed admitted to having driven under the influence of alcohol.

The program was implemented in March 1984, and the response of both volunteers and students using the service has been positive. A total of 30 students have volunteered to staff the program, which operates during the academic year on Friday and Saturday nights from 9:00 P.M. to 2:00 A.M. Since beginning operation, the program has provided rides for an average of four students each weekend.

The operating radius of This Ride's for You is 15 miles, and student volunteers maintain citizens' band (CB) radio contact with the campus at all times. The volunteers work in teams of six, with one student (who must be over 21 years of age) serving as adviser, one serving as dispatcher, and the remaining four paired into two driving teams of one man and one woman. The volunteer drivers provide their own automobiles, and each is accompanied by a partner responsible for CB contact and record keeping. All volunteers in the program agree to confidentiality in all details of their activities. The volunteers participate in a 2-hour training session, during which policies, procedures, CB radio operation, and first aid are discussed.

The program is publicized with posters, weekly advertisements in the student newspaper, and yellow plastic keys, imprinted with the telephone number of This Ride's for You, which have been widely distributed on campus for students to attach to their key rings.

The program is organized as a Boy Scout Explorer Post (a program for youths ages 14 to 20 years) to use the excellent insurance coverage available to Safe Rides programs through the Boy Scouts of America. The Boy Scout policy covers all registered leaders, members, and their chartered organizations for legal obligations incurred, in excess of any other insurance coverage, as a result of damage or injury resulting from Safe Rides activities.

In addition to providing students with a valuable service, This Ride's for You also has potential for changing student attitudes about drinking and driving. The volunteers have developed into a core group of students who promote education and responsible decision making regarding alcohol use.

REFERENCE

Vejnoska, J. (1982, December 1). DHHS secretary announces teenage alcohol initiative. *NIAAA Information and Feature Service*, p. 1.

CALL

TRFY

(This Ride's For You)

For A Safe Ride In A Jiffy

232-6220

Thursdays 9 p.m. - 1 a.m.
Fridays 9 p.m. - 2 a.m.

****Students working to save student's lives****

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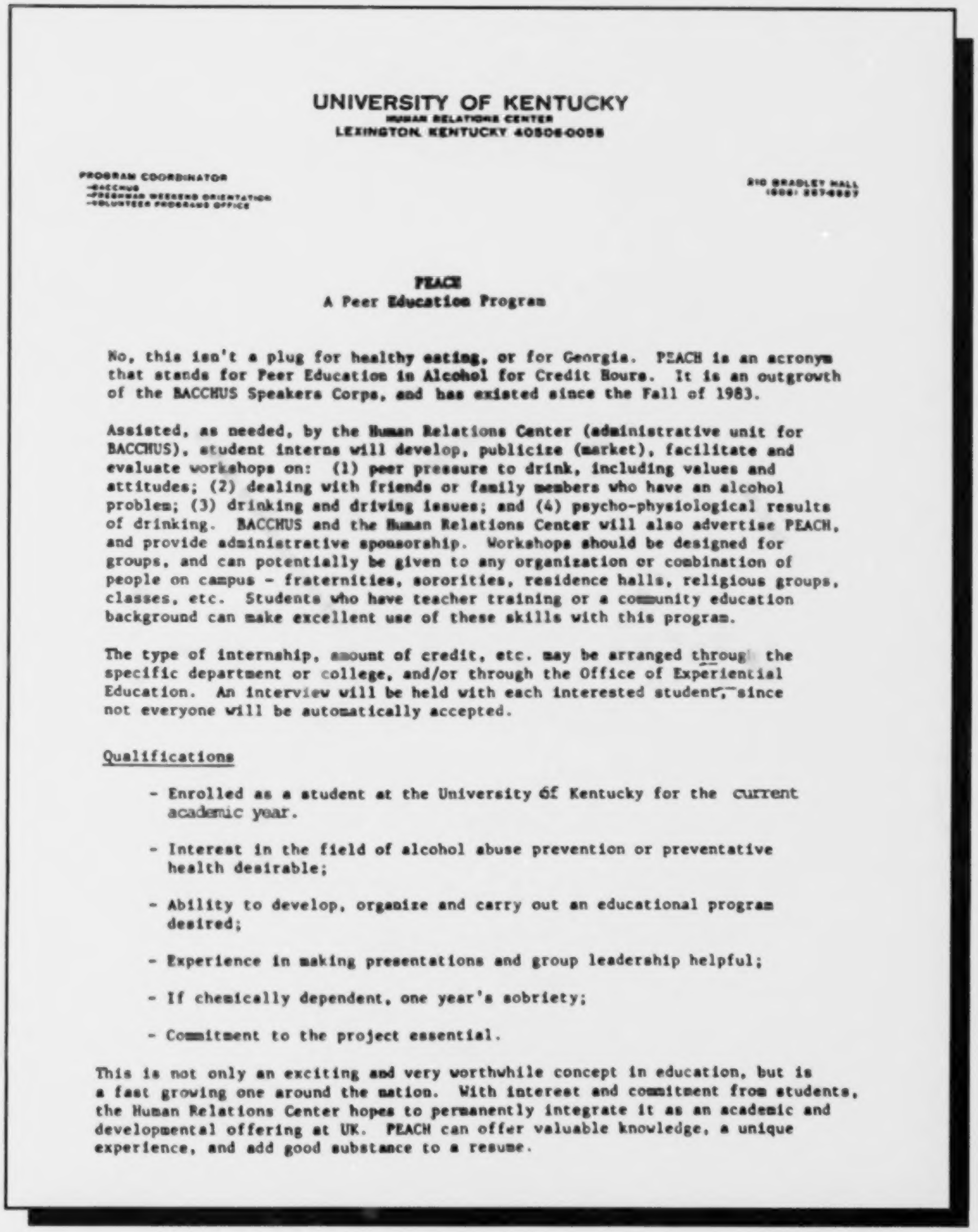
Notes

Index of Chapter 8 Resources

PERSONNEL AND TRAINING

	Pages	
I. Peer and Paraprofessional Staff Training	287–303	Includes: • Samples of peer education programs, such as PEACH, Student Reaction Team, Behind Closed Doors, RA Training, etc.



UNIVERSITY OF KENTUCKY
HUMAN RELATIONS CENTER
LEXINGTON, KENTUCKY 40506-0058

PROGRAM COORDINATOR
-BACCHUS
-FRESHMAN WEEKEND ORIENTATION
-VOLUNTEER PROGRAMS OFFICE

210 BRADLEY HALL
(606) 257-6597

PEACE
A Peer Education Program

No, this isn't a plug for healthy eating, or for Georgia. PEACH is an acronym that stands for Peer Education in Alcohol for Credit Hours. It is an outgrowth of the BACCHUS Speakers Corps, and has existed since the Fall of 1983.

Assisted, as needed, by the Human Relations Center (administrative unit for BACCHUS), student interns will develop, publicize (market), facilitate and evaluate workshops on: (1) peer pressure to drink, including values and attitudes; (2) dealing with friends or family members who have an alcohol problem; (3) drinking and driving issues; and (4) psycho-physiological results of drinking. BACCHUS and the Human Relations Center will also advertise PEACH, and provide administrative sponsorship. Workshops should be designed for groups, and can potentially be given to any organization or combination of people on campus - fraternities, sororities, residence halls, religious groups, classes, etc. Students who have teacher training or a community education background can make excellent use of these skills with this program.

The type of internship, amount of credit, etc. may be arranged through the specific department or college, and/or through the Office of Experiential Education. An interview will be held with each interested student, since not everyone will be automatically accepted.

Qualifications

- Enrolled as a student at the University of Kentucky for the current academic year.
- Interest in the field of alcohol abuse prevention or preventative health desirable;
- Ability to develop, organize and carry out an educational program desired;
- Experience in making presentations and group leadership helpful;
- If chemically dependent, one year's sobriety;
- Commitment to the project essential.

This is not only an exciting and very worthwhile concept in education, but is a fast growing one around the nation. With interest and commitment from students, the Human Relations Center hopes to permanently integrate it as an academic and developmental offering at UK. PEACH can offer valuable knowledge, a unique experience, and add good substance to a resume.

SERVICE TITLE: STUDENT REACTION TEAM (SRT)

Need Assessment

The SRT service was born when a student became concerned about helping fellow students in his residence hall and made an inquiry about how he could do that. The timing was excellent because there was a gap in our alcohol services in the halls. We used a group from the residence hall where the inquiry was made as our experimental SRT group. Despite some early problems and weaknessess in the service, the SRT's have become important to our effort and have served with distinction. They have helped hundreds of students and, in a couple of instances, dealt effectively with very serious drinking-related emergencies.

Service Objectives

The objectives of the SRT service are:

1) to train students as paraprofessionals to respond to a variety of personal, emotional and drinking-related problems which are likely to emerge in a residence hall setting. The training includes such things as:
    - recognition of and response to people overdosing on alcohol or other drugs (incapacitation);
    - recognition and referral of students manifesting AODA symptoms;
    - techniques for confronting intoxicated students and sober students about inappropriate drinking behaviors;
    - personality changes which can be expected in persons abusing alcohol or other drugs;
    - recognition, confrontation and need for referral of marijuana abusers;
    - recognition of and early intervention for people experiencing personal and emotional problems, including potential suicide;
    - recognition, confrontation and referral of students manifesting symptoms of eating disorders (anorexia, bulimia); and
    - first aid techniques for injured students

(University of Wisconsin - Stevens Point)

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2) provide continuing education and group development for SRTeam.
3) continue to evaluate and improve SRT service.
4) develop course and credit system for SRT members.

Personnel

The Alcohol Education Coordinator is directly responsible for the SRT service. The Coordinator is assisted by several student interns who act as liaisons to the SRT's, and who organize the training efforts. Faculty and academic staff members participate in the training and act as consultants. Each SRT is made up of students who live in the same hall and who organized within that hall. We also train individuals who are not on SRT's. We hope that these individuals will then be able to act as resources within their halls, or as nuclei for the formation of other SRT's.

Procedures

The members of each individual SRT are on revolving duty each week. In halls with large SRT membership one SRT member is on duty Sunday through Wednesday nights, and two SRT members share duty Thursday through Saturday nights. In halls with smaller SRT membership duty nights are usually confined to Thursday through Saturday. SRT's keep all contacts or notes of interest (such as rumors of problems or parties) in the SRT log. The log is kept in a confidential (locked) area. SRT's may consult the log for confrontational data.

To maintain in-hall communication, especially between SRT's and resident assistants (RA's) who share similar training and responsibilities, two RA's function as SRT's on collateral assignments. These RA's keep other RA's informed about SRT activities and can mediate conflicts which might arise between RA's and SRT members. In the past, this type of conflict has been minimal. Both groups of students are encouraged to work together and make use of one another's skills.

SRT's can make referrals to the Alcohol Education Office or the Counseling and Human Development Center through

a) direct referral to the appropriate office (the SRT member may accompany the student being referred if the student wishes) or
b) referral to the residence hall director who may decide to make a direct referral or use the Student Conduct referral route.

SRT training will be offered through the Psychology Department for one workshop credit (a sixteen-hour, eight-week mini-course). An additional credit will be offered to an SRT member for a reaction paper to be completed after the SRT has completed "on-duty" status.

Materials Needed

The SRT service is primarily a labor intensive effort. Materials used include the handouts, logs, exams, manuals, and any materials provided through the course instructors. An SRT Training Manual contains outlines of training topics.

Need For Support

Because the SRT's give the AEP thousands of hours of service, they need continuing support and encouragement. This support may take many forms and will certainly take many hours. The SRT's, along with a responsive network of smoothly functioning support services, bridge the student-professional staff chasm and link the university community together.

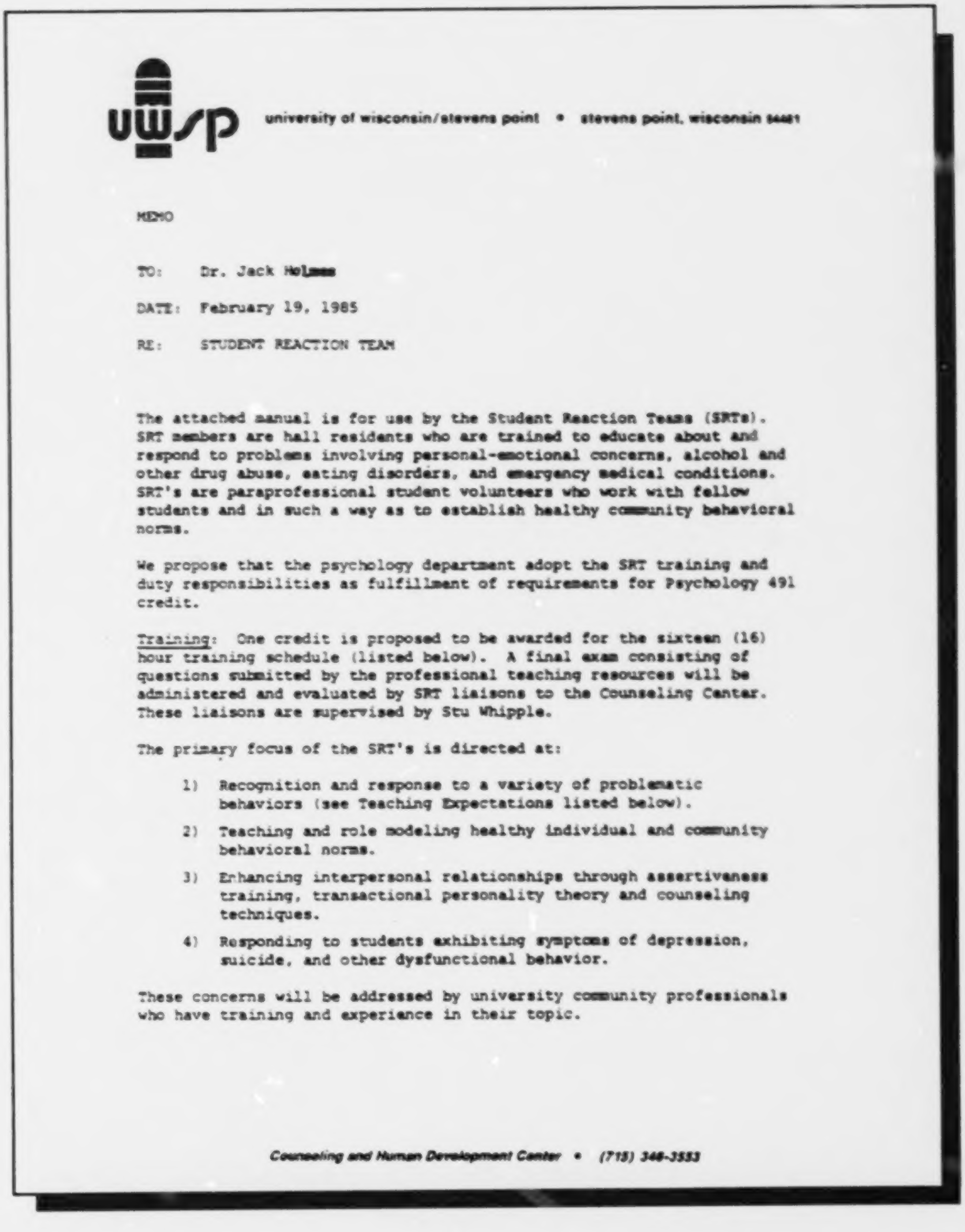
Contributing Factors

This service is part of a system of services supported by the UWSP community. The role of the Alcohol Education Coordinator is to organize and coordinate that system.

Evaluation

The SRT's are under constant review through examination of training information, continuing checks on performance through log and peer review, and the number and quality of referrals and emergency cases. Evaluation results from three years of experimental SRT groups indicate that they are a valuable resource which can significantly effect a variety of drinking-related problems.

We will continue to monitor the evaluation of the SRT service as it expands into other problem areas. The SRT's success in providing this service lies not only in the tragedies averted through quick and professional response to emergencies, but also in the promotion of healthier community norms and support of the developmental process.



university of wisconsin/stevens point • stevens point, wisconsin 54481

MEMO

TO: Dr. Jack Holmes

DATE: February 19, 1985

RE: STUDENT REACTION TEAM

The attached manual is for use by the Student Reaction Teams (SRTs). SRT members are hall residents who are trained to educate about and respond to problems involving personal-emotional concerns, alcohol and other drug abuse, eating disorders, and emergency medical conditions. SRT's are paraprofessional student volunteers who work with fellow students and in such a way as to establish healthy community behavioral norms.

We propose that the psychology department adopt the SRT training and duty responsibilities as fulfillment of requirements for Psychology 491 credit.

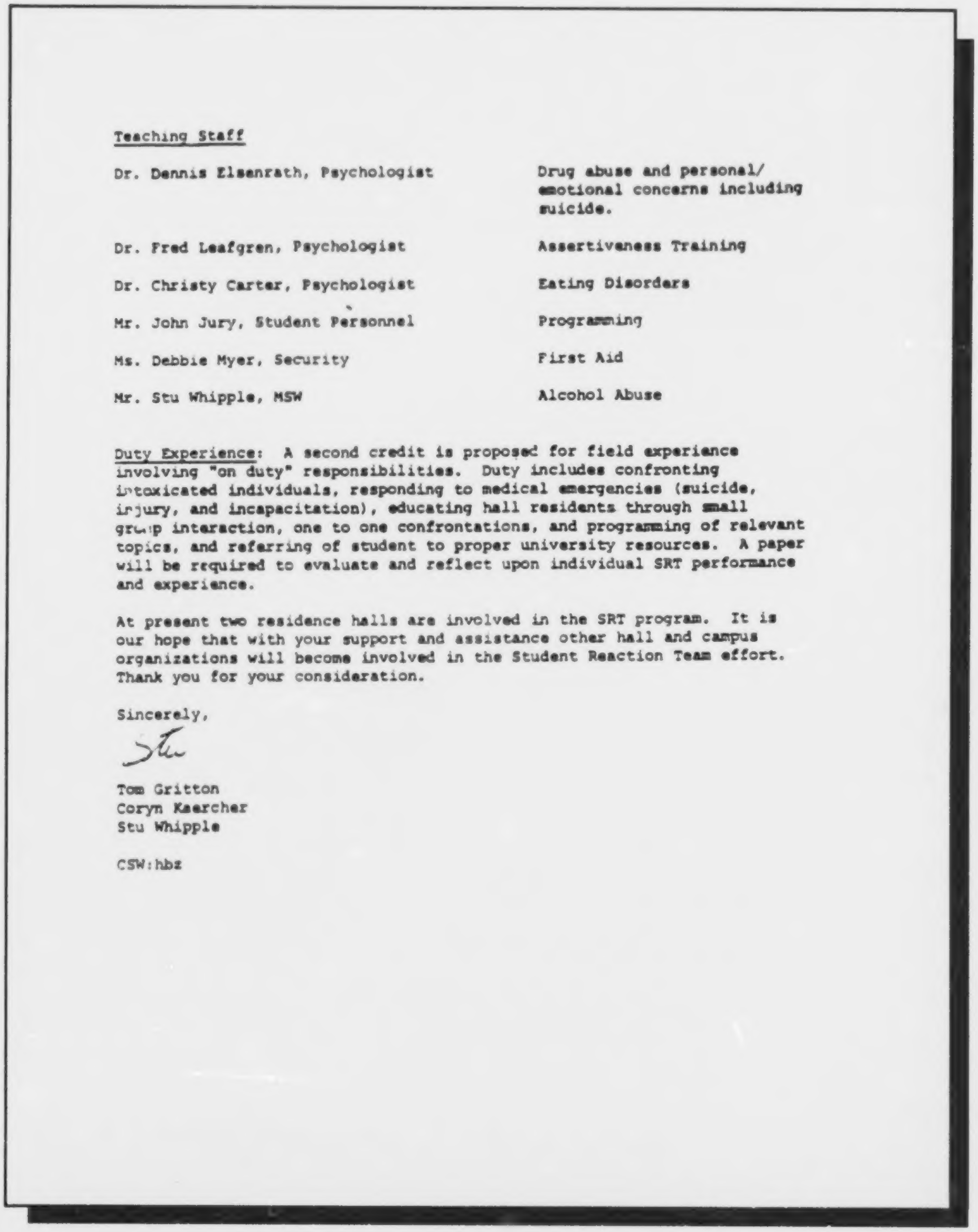
Training: One credit is proposed to be awarded for the sixteen (16) hour training schedule (listed below). A final exam consisting of questions submitted by the professional teaching resources will be administered and evaluated by SRT liaisons to the Counseling Center. These liaisons are supervised by Stu Whipple.

The primary focus of the SRT's is directed at:

1) Recognition and response to a variety of problematic behaviors (see Teaching Expectations listed below).
2) Teaching and role modeling healthy individual and community behavioral norms.
3) Enhancing interpersonal relationships through assertiveness training, transactional personality theory and counseling techniques.
4) Responding to students exhibiting symptoms of depression, suicide, and other dysfunctional behavior.

These concerns will be addressed by university community professionals who have training and experience in their topic.

Counseling and Human Development Center • (715) 346-3553



Teaching Staff

Dr. Dennis Elsenrath, Psychologist	Drug abuse and personal/ emotional concerns including suicide.
Dr. Fred Leafgren, Psychologist	Assertiveness Training
Dr. Christy Carter, Psychologist	Eating Disorders
Mr. John Jury, Student Personnel	Programming
Ms. Debbie Myer, Security	First Aid
Mr. Stu Whipple, MSW	Alcohol Abuse

Duty Experience: A second credit is proposed for field experience involving "on duty" responsibilities. Duty includes confronting intoxicated individuals, responding to medical emergencies (suicide, injury, and incapacitation), educating hall residents through small group interaction, one to one confrontations, and programming of relevant topics, and referring of student to proper university resources. A paper will be required to evaluate and reflect upon individual SRT performance and experience.

At present two residence halls are involved in the SRT program. It is our hope that with your support and assistance other hall and campus organizations will become involved in the Student Reaction Team effort. Thank you for your consideration.

Sincerely,

Tom Gritton
Coryn Kaercher
Stu Whipple

CSW:hbz

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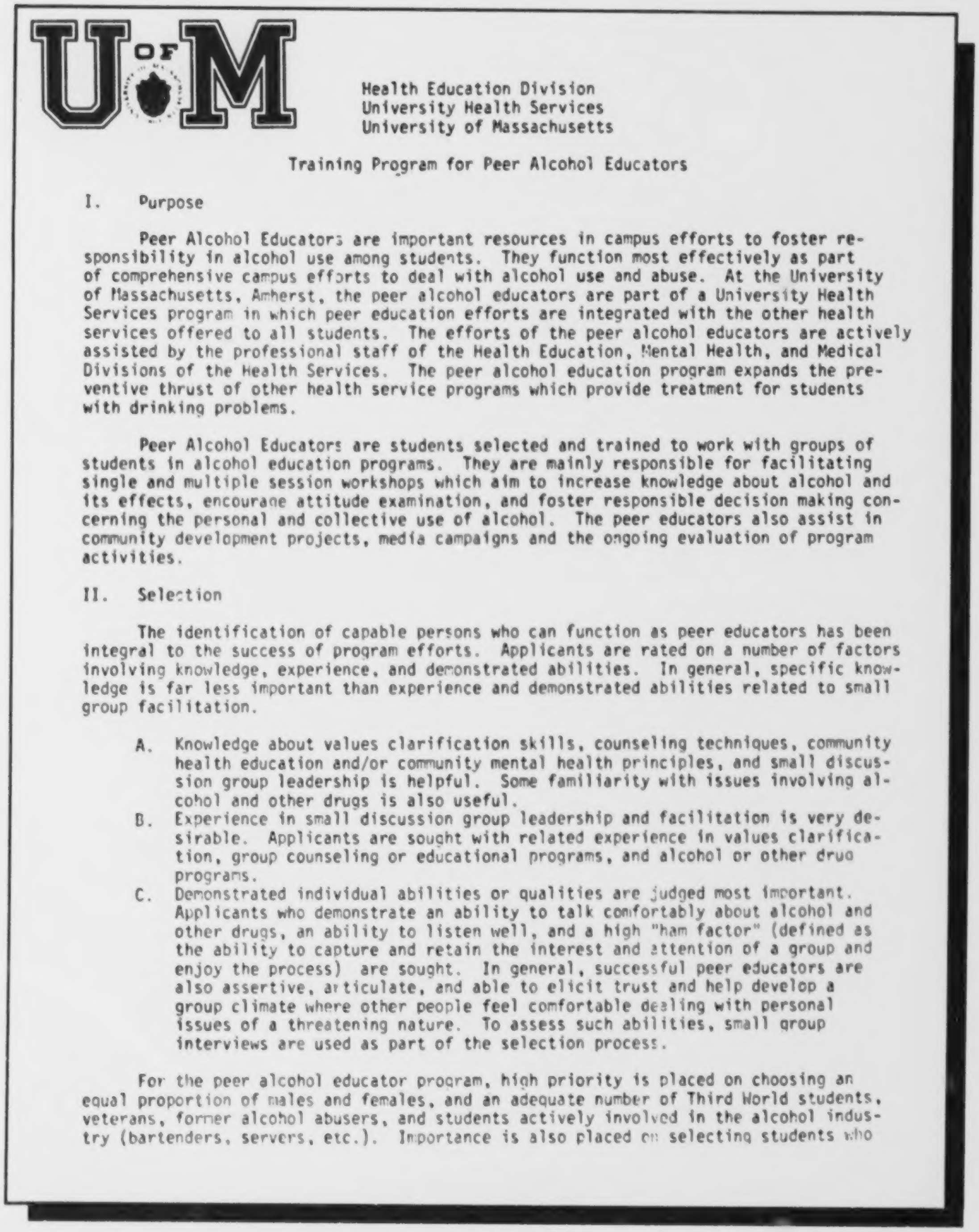
SRT COORDINATION

The coordinator of the Student Reaction Team is Stu Whipple who acts as both an advisor and an instructor for the program. Stu is assisted by two Student Coordinators, Tim VandenHeuvel and Gene Deisinger. The responsibilities of the Student Coordinators include; administration and organization of the individual SRT groups, organizing training, promoting awareness of the alcohol education program (especially the Student Reaction Team), and acting as a resource person for the SRT's.

The individual SRT groups are headed by an advisor within each residence hall. The advisors are usually Residence Life staff members. The SRT's themselves are made up of concerned students from within the halls. Residence hall citizenship is essential since the basic idea of the SRT program is peers helping peers. The SRT members participate in an eight week training course and in field work. This field work requires the member to work duty nights during which the SRT is required to remain the hall. This is to ensure the availibility of an SRT in case of an emergency.



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Health Education Division
University Health Services
University of Massachusetts

Training Program for Peer Alcohol Educators

I. Purpose

Peer Alcohol Educators are important resources in campus efforts to foster responsibility in alcohol use among students. They function most effectively as part of comprehensive campus efforts to deal with alcohol use and abuse. At the University of Massachusetts, Amherst, the peer alcohol educators are part of a University Health Services program in which peer education efforts are integrated with the other health services offered to all students. The efforts of the peer alcohol educators are actively assisted by the professional staff of the Health Education, Mental Health, and Medical Divisions of the Health Services. The peer alcohol education program expands the preventive thrust of other health service programs which provide treatment for students with drinking problems.

Peer Alcohol Educators are students selected and trained to work with groups of students in alcohol education programs. They are mainly responsible for facilitating single and multiple session workshops which aim to increase knowledge about alcohol and its effects, encourage attitude examination, and foster responsible decision making concerning the personal and collective use of alcohol. The peer educators also assist in community development projects, media campaigns and the ongoing evaluation of program activities.

II. Selection

The identification of capable persons who can function as peer educators has been integral to the success of program efforts. Applicants are rated on a number of factors involving knowledge, experience, and demonstrated abilities. In general, specific knowledge is far less important than experience and demonstrated abilities related to small group facilitation.

A. Knowledge about values clarification skills, counseling techniques, community health education and/or community mental health principles, and small discussion group leadership is helpful. Some familiarity with issues involving alcohol and other drugs is also useful.

B. Experience in small discussion group leadership and facilitation is very desirable. Applicants are sought with related experience in values clarification, group counseling or educational programs, and alcohol or other drug programs.

C. Demonstrated individual abilities or qualities are judged most important. Applicants who demonstrate an ability to talk comfortably about alcohol and other drugs, an ability to listen well, and a high "ham factor" (defined as the ability to capture and retain the interest and attention of a group and enjoy the process) are sought. In general, successful peer educators are also assertive, articulate, and able to elicit trust and help develop a group climate where other people feel comfortable dealing with personal issues of a threatening nature. To assess such abilities, small group interviews are used as part of the selection process.

For the peer alcohol educator program, high priority is placed on choosing an equal proportion of males and females, and an adequate number of Third World students, veterans, former alcohol abusers, and students actively involved in the alcohol industry (bartenders, servers, etc.). Importance is also placed on selecting students who have developed responsible ways of integrating alcohol into their lives.

Selections are made during the fall semester by staff experienced in peer counseling and educational activities. The selection process includes: screening of initial applicants by staff personnel; interviewing of final applicants in group settings with experienced peer educators present. Ratings of each applicant are made based on the above criteria and final selections are made prior to January semester break.

III. Training Sequence

Peer Alcohol Educators make a 2-3 semester committment to the Alcohol Education Program. The training sequence begins in the Spring semester with a pre-service training course for three academic credits. Students who successfully complete this course return in the Fall semester as in-service peer educators and attend an advanced training seminar for three academic credits. Advanced peer educators design, implement and evaluate their own independent study alcohol education projects and assist in the training of new peer educators. Brief descriptions of each follow:

A. Introduction to and Training in Alcohol Education is the pre-service training course for students selected for participation in the Alcohol Peer Education Program. The purpose of the course is to provide students with a comprehensive background in the field of alcohol education and primary prevention. Upon completion of this course students

- demonstrate an understanding of basic physiology related to alcohol's effects on the body (ingestion, absorption, metabolism, excretion, fetal alcohol syndrome)
- are familiar with campus drinking norms, and are able to explain them to other students and staff
- can identify alcohol-related resources available to the Five College Community
- are aware of psychological and socio-cultural issues as they relate to alcohol use, abuse, and alcoholism
- know how to communicate and intervene constructively when an alcohol or other drug problem is suspected
- are able to effectively explain an alcohol education program and compare it with alcoholism treatment programs
- can plan, implement and evaluate a workshop for peers on an alcohol related issue.

Requirements

1. Attendance and participation at all classes and in all scheduled training activities. (Scheduled training activities will include at least two Breathalyzer demonstrations during the semester.)
2. Completion of all weekly reading assignments.
3. Co-facilitation and evaluation of two workshops on alcohol.
4. Submission of two written workshop summary reports.
5. Completion of mid term and final examinations.

B. Advanced Training in Alcohol Education is the in-service training course for students in the Alcohol Peer Education Program. The purpose of this seminar is to provide students with group process, leadership and community development skills as they complete 16 hours of practicum experience in alcohol education with peers. Upon completion of this course students

- demonstrate competence as a workshop facilitator and community-based

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peer leader
-are familiar with prevention and education theories and are able to translate these theories into community development projects and alcohol education workshops
-are trained in a variety of human relations and group process modules, such as team building, process observation, feedback, communication skills and organizational development (to name a few)
-can identify individual alcohol problems and make appropriate referrals to alcohol treatment programs
-finish an independent research project in the area of alcohol or alcoholism.

Requirements

1. Attendance and participation in all classes and in all scheduled training activities.
2. Readings as assigned.
3. Reports as required including: a. weekly program statistics,
   b. workshop summary reports and evaluations.
4. Attendance at individual supervision meetings and on-site practicum evaluations.
5. Sixteen hours of educational program delivery to peers including at least: 6 workshops (about two hours each); two Breathalyzer demonstrations (about two hours each).
6. Research paper on approved special topic (related to alcohol).

C. Independent Study in Alcohol Education is the optional third semester course for peer educators who wish to continue to provide alcohol education workshops to peers, who desire to become involved in the training of new alcohol peer educators and who are interested in pursuing independent in-depth research in the field of alcohol. Students who choose to continue for the third semester generally have a career interest in alcohol education or treatment or in some other human services related field.

Requirements

1. Attendance at bi-weekly supervision meetings with instructor and group meetings as scheduled.
2. Assistance with training at selected introductory alcohol peer education classes.
3. Co-facilitation of at least two Alcohol Education workshops with new peers.
4. Submission of two abstracts to be included in an Alcohol Peer Education handbook.
5. Completion and presentation of research paper or project as outlined on independent study contract. Paper must be of publishable quality for inclusion in an Alcohol Peer Education book of readings. Some examples of research projects are:
   -survey of drinking patterns/drug use on campus
   -design and implementation of a model alcohol prevention program in a dorm/Greek house
   -designing and implementing a comprehensive media/PR campaign on campus
   -survey/needs assessment of adult children of alcoholics on campus
   -other topics as approved.

BEHIND CLOSED DOORS

This is an experientially oriented workshop specifically geared toward student staff, but could be adapted to fit any population. The workshop is centered around the actual involvement of the participants. They will have the chance to confront a situation, deal with it, and learn in a 'safe' environment.

Process

A. Divide participants into equal groups. The groups can be flexible with regard to size.

B. Each group will be given a schedule. Group One will go to rooms A, B, C, D, etc. Group Two will go to rooms B, C, D, A, etc. This will be scheduled so that groups begin and finish simultaneously.

C. Individuals will decide before entering each situation which one of the individuals will confront the simulated situation.

D. That individual will then confront the situation as s/he would in reality.

E. After an appropriate period of time role-playing (approximately 3-4 minutes) or at an obvious deadlock in the role-playing, the resource person should begin to process what has happened.

F. A designated signal will determine the end of each situation. Each total situation, including role-playing and processing will take approximately 8-10 minutes.

G. The total group will be brought back together to process their experiences. Several alternatives to processing the situation are suggested :
   1. Explore how they felt during the situation
   2. Explore how they felt about how they 'handled' the situation
   3. If confronted again, how might they change their strategy?

H. The resource individuals should share their expertise with the group. If you have a situation that is very specific concerning information to be shared, please take this time to do this. It will be most profitable for everyone if the resource individuals have discerned what information is the most important for the participants to take with them.

I. Question and answer period.

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Behind Closed Doors - Situations

These situations that are confronted by most R.A.s are identified. During the role-playing, participants are given an envelope with only minimal information inside concerning the situation. This is to simulate real situations where they often must confront a situaiton with little or no data base. The first "A" is the situation and the second "A" is the information given to the R.A.

A. Friends 'helping' drunk by giving coffee, walking, etc.
A. You hear lots of noise coming from one end of the hallway. You decide to investigate.

B. Individual passes out/ mixing alcohol and drugs.
B. As you're walking down the hall, a girl runs out of a room hysterical. She is so upset you can't understand her. All you can understand is that there is something wrong in the room.

C. International students and drinking traditions.
C. You're walking down the hall. There's an open door and you hear two foreign students arguing about a party they're planning. As you walk by, they call you in to settle their 'dispute.'

D. Teetotaler - rejection by peers.
D. Your neighbor is the 'oddball' on the floor. You've just moved here and don't quite understand why people continually make derogatory remarks concerning this individual. Being a good neighbor, you decide to drop by and invite them to a BYOB party you're having in your room.

E. Dealing with a rowdy party/beligerant drunks.
E. You hear lots of loud music and a crash. Investigate.

F. Chronic problem drinker.
F. People have been talking about Susie. They say she has been drinking a lot at nights, going out to bars, coming back drunk, missing classes, not eating meals. But Susie and you have always been friends - you're sure she'll talk to you.

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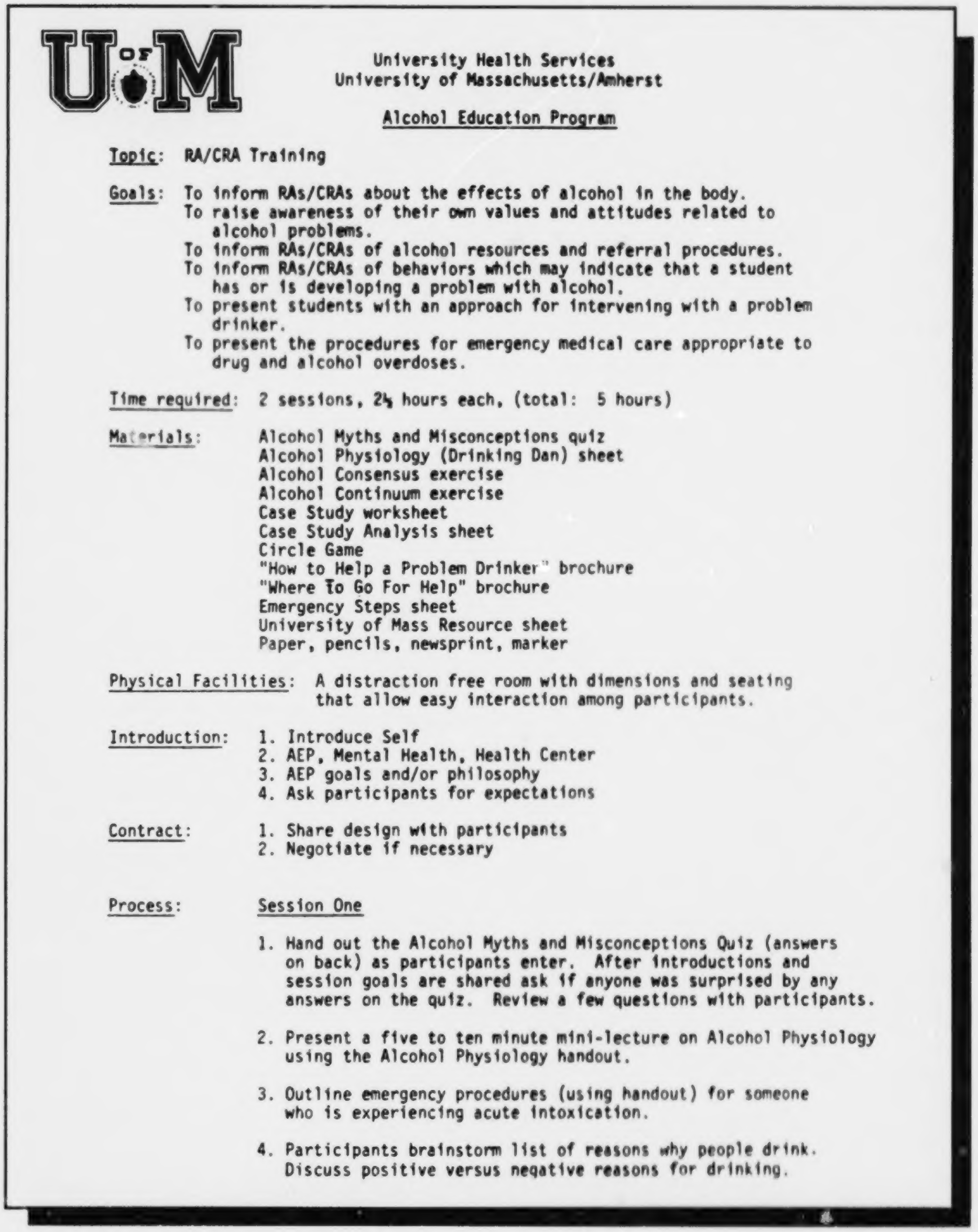
from materials developed by the Department of University Housing,
University of Georgia



University Health Services
University of Massachusetts/Amherst

Alcohol Education Program

Topic: RA/CRA Training

Goals: To inform RAs/CRAs about the effects of alcohol in the body.
To raise awareness of their own values and attitudes related to alcohol problems.
To inform RAs/CRAs of alcohol resources and referral procedures.
To inform RAs/CRAs of behaviors which may indicate that a student has or is developing a problem with alcohol.
To present students with an approach for intervening with a problem drinker.
To present the procedures for emergency medical care appropriate to drug and alcohol overdoses.

Time required: 2 sessions, 2½ hours each, (total: 5 hours)

Materials:
Alcohol Myths and Misconceptions quiz
Alcohol Physiology (Drinking Dan) sheet
Alcohol Consensus exercise
Alcohol Continuum exercise
Case Study worksheet
Case Study Analysis sheet
Circle Game
"How to Help a Problem Drinker" brochure
"Where To Go For Help" brochure
Emergency Steps sheet
University of Mass Resource sheet
Paper, pencils, newsprint, marker

Physical Facilities: A distraction free room with dimensions and seating that allow easy interaction among participants.

Introduction:
1. Introduce Self
2. AEP, Mental Health, Health Center
3. AEP goals and/or philosophy
4. Ask participants for expectations

Contract:
1. Share design with participants
2. Negotiate if necessary

Process: Session One

1. Hand out the Alcohol Myths and Misconceptions Quiz (answers on back) as participants enter. After introductions and session goals are shared ask if anyone was surprised by any answers on the quiz. Review a few questions with participants.

2. Present a five to ten minute mini-lecture on Alcohol Physiology using the Alcohol Physiology handout.

3. Outline emergency procedures (using handout) for someone who is experiencing acute intoxication.

4. Participants brainstorm list of reasons why people drink. Discuss positive versus negative reasons for drinking.

5. The facilitator presents the Alcohol Consensus exercise using directions on sheet and process questions.

6. The facilitator presents the Alcohol Values Continuum exercise using directions on sheet and process questions.

7. Using the Case Study Documentation sheets the facilitator asks each participant to write out an anonymous description of a situation with a friend/family member which involved alcohol. When completely filled out, these sheets are collected. They will be used in the next session.

8. Give a brief overview of session two and thank participants for coming.

Session Two

1. Introduce participants (some may be new) and review session goals.

2. Have participants brainstorm characteristics of a problem drinker. Record answers on newsprint. Facilitator should make sure the following points are discussed--amount consumed, how often the person drinks, how alcohol use affects the individual's life*- economic, academic, social, emotional. Look for specific behaviors - missing classes, hangovers, blackouts. (*most important point to get across).

3. Case study analysis activity. Divide group into small sub-groups of 4-5 participants each and assign a recorder. Give each participant a case study documentation from session one. Using the case study analysis sheet each sub-group should record positive and negative aspects and alternative strategies for each situation. When task is completed have each group recorder report their results.

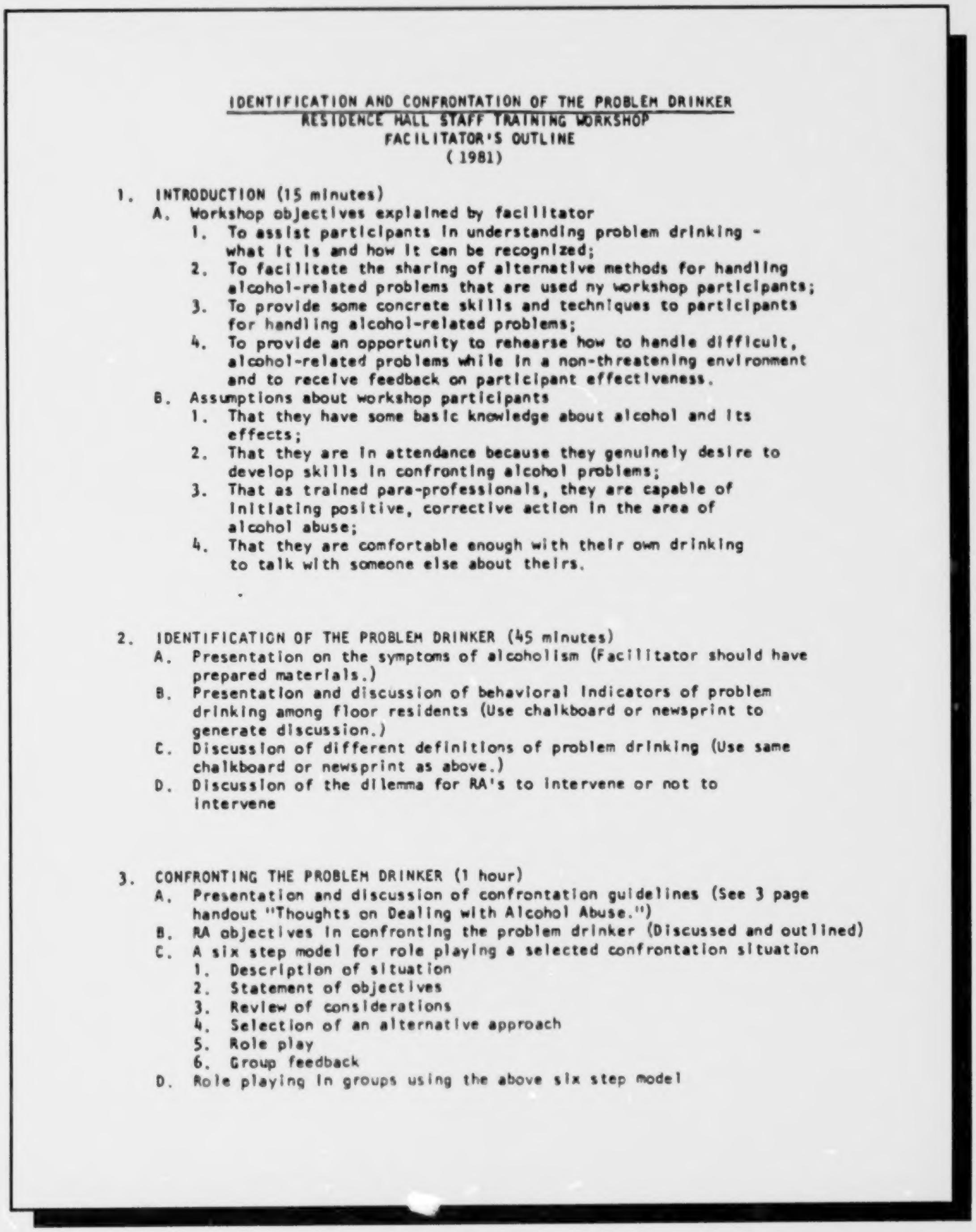
4. Facilitate the Circle Game. Using the Circle Game Activity sheet for RAs, follow instructions and use the process questions.

5. Review and discuss strategies on how to help a problem drinker as presented in the pamphlet. Discuss what a helper should do when he/she experiences reactions of:
   a) denial
   b) defensiveness
   c) acceptance

6. Discuss campus and community resources for referrals (use handout). Facilitator asks participants to think about their limitations. Sometimes they may not have the skills and/or time to give the person appropriate help. Discuss referrals. Where can a problem drinker go for help?

7. Summary - how did people feel about the session. Use "I learned...I" statements.

8. Evaluation.

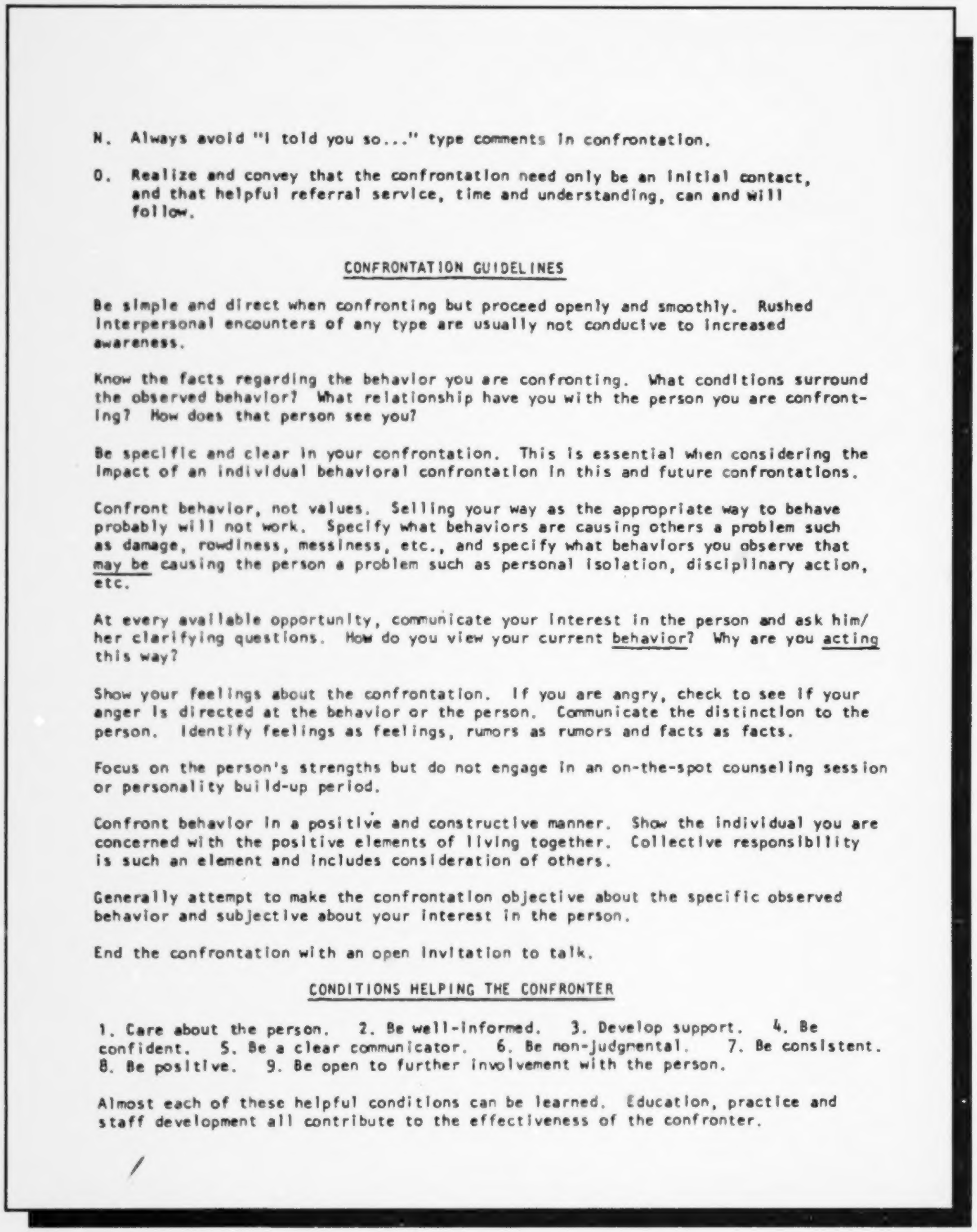


IDENTIFICATION AND CONFRONTATION OF THE PROBLEM DRINKER
RESIDENCE HALL STAFF TRAINING WORKSHOP
FACILITATOR'S OUTLINE
(1981)

1. INTRODUCTION (15 minutes)
    A. Workshop objectives explained by facilitator
        1. To assist participants in understanding problem drinking - what it is and how it can be recognized;
        2. To facilitate the sharing of alternative methods for handling alcohol-related problems that are used ny workshop participants;
        3. To provide some concrete skills and techniques to participants for handling alcohol-related problems;
        4. To provide an opportunity to rehearse how to handle difficult, alcohol-related problems while in a non-threatening environment and to receive feedback on participant effectiveness.
    B. Assumptions about workshop participants
        1. That they have some basic knowledge about alcohol and its effects;
        2. That they are in attendance because they genuinely desire to develop skills in confronting alcohol problems;
        3. That as trained para-professionals, they are capable of initiating positive, corrective action in the area of alcohol abuse;
        4. That they are comfortable enough with their own drinking to talk with someone else about theirs.

2. IDENTIFICATION OF THE PROBLEM DRINKER (45 minutes)
    A. Presentation on the symptoms of alcoholism (Facilitator should have prepared materials.)
    B. Presentation and discussion of behavioral indicators of problem drinking among floor residents (Use chalkboard or newsprint to generate discussion.)
    C. Discussion of different definitions of problem drinking (Use same chalkboard or newsprint as above.)
    D. Discussion of the dilemma for RA's to intervene or not to intervene

3. CONFRONTING THE PROBLEM DRINKER (1 hour)
    A. Presentation and discussion of confrontation guidelines (See 3 page handout "Thoughts on Dealing with Alcohol Abuse.")
    B. RA objectives in confronting the problem drinker (Discussed and outlined)
    C. A six step model for role playing a selected confrontation situation
        1. Description of situation
        2. Statement of objectives
        3. Review of considerations
        4. Selection of an alternative approach
        5. Role play
        6. Group feedback
    D. Role playing in groups using the above six step model



N. Always avoid "I told you so..." type comments in confrontation.

O. Realize and convey that the confrontation need only be an initial contact, and that helpful referral service, time and understanding, can and will follow.

CONFRONTATION GUIDELINES

Be simple and direct when confronting but proceed openly and smoothly. Rushed interpersonal encounters of any type are usually not conducive to increased awareness.

Know the facts regarding the behavior you are confronting. What conditions surround the observed behavior? What relationship have you with the person you are confronting? How does that person see you?

Be specific and clear in your confrontation. This is essential when considering the impact of an individual behavioral confrontation in this and future confrontations.

Confront behavior, not values. Selling your way as the appropriate way to behave probably will not work. Specify what behaviors are causing others a problem such as damage, rowdiness, messiness, etc., and specify what behaviors you observe that may be causing the person a problem such as personal isolation, disciplinary action, etc.

At every available opportunity, communicate your interest in the person and ask him/her clarifying questions. How do you view your current behavior? Why are you acting this way?

Show your feelings about the confrontation. If you are angry, check to see if your anger is directed at the behavior or the person. Communicate the distinction to the person. Identify feelings as feelings, rumors as rumors and facts as facts.

Focus on the person's strengths but do not engage in an on-the-spot counseling session or personality build-up period.

Confront behavior in a positive and constructive manner. Show the individual you are concerned with the positive elements of living together. Collective responsibility is such an element and includes consideration of others.

Generally attempt to make the confrontation objective about the specific observed behavior and subjective about your interest in the person.

End the confrontation with an open invitation to talk.

CONDITIONS HELPING THE CONFRONTER

1. Care about the person. 2. Be well-informed. 3. Develop support. 4. Be confident. 5. Be a clear communicator. 6. Be non-judgmental. 7. Be consistent. 8. Be positive. 9. Be open to further involvement with the person.

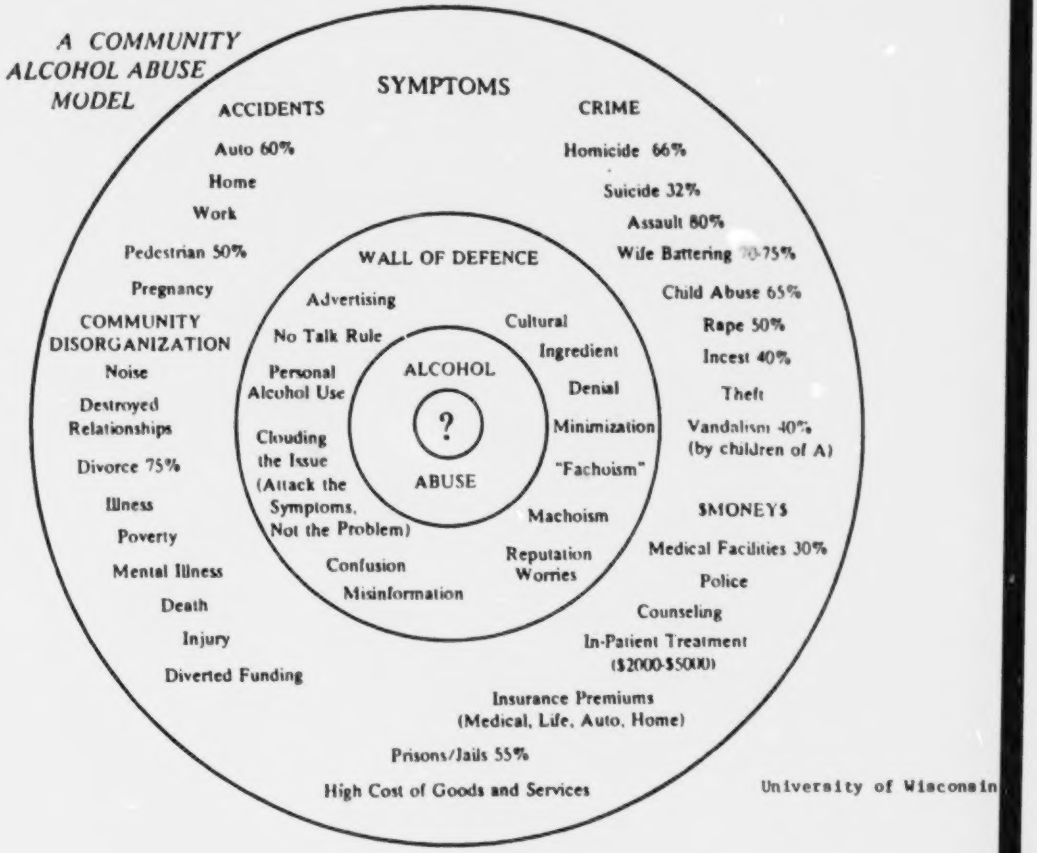
Almost each of these helpful conditions can be learned. Education, practice and staff development all contribute to the effectiveness of the confronter.

Notes

Index of Chapter 9 Resources

THE CAMPUS IN THE COMMUNITY

		Pages	
I.	Community Resources	307–310	Includes: • Community alcohol abuse model • Sample ideas for campus/community programs • Sample program description • Sample fact sheet/hand-out
II.	State-Wide Theme Weeks	311	Includes: • Sample program description
III.	Workshops	313–316	Includes: • Sample two-day workshop summary • Sample flyer, poster • Sample community bartender training description
IV.	Print Media	317–319	Includes: • Sample brochure insert for parents of students • Sample poster, flyer on drunk driving


A COMMUNITY ALCOHOL ABUSE MODEL
SYMPTOMS
ACCIDENTS
Auto 60%
Home
Work
Pedestrian 50%
Pregnancy
CRIME
Homicide 66%
Suicide 32%
Assault 80%
Wife Battering 70-75%
Child Abuse 65%
Rape 50%
Incest 40%
Theft
Vandalism 40% (by children of A)
COMMUNITY DISORGANIZATION
Noise
Destroyed Relationships
Divorce 75%
Illness
Poverty
Mental Illness
Death
Injury
Diverted Funding
$MONEY$
Medical Facilities 30%
Police
Counseling
In-Patient Treatment ($2000-$5000)
Insurance Premiums (Medical, Life, Auto, Home)
Prisons/Jails 55%
High Cost of Goods and Services
WALL OF DEFENCE
Advertising
No Talk Rule
Personal Alcohol Use
Clouding the Issue (Attack the Symptoms, Not the Problem)
Confusion
Misinformation
Cultural
Ingredient
Denial
Minimization
"Fachoism"
Machoism
Reputation Worries
ALCOHOL
?
ABUSE
University of Wisconsin

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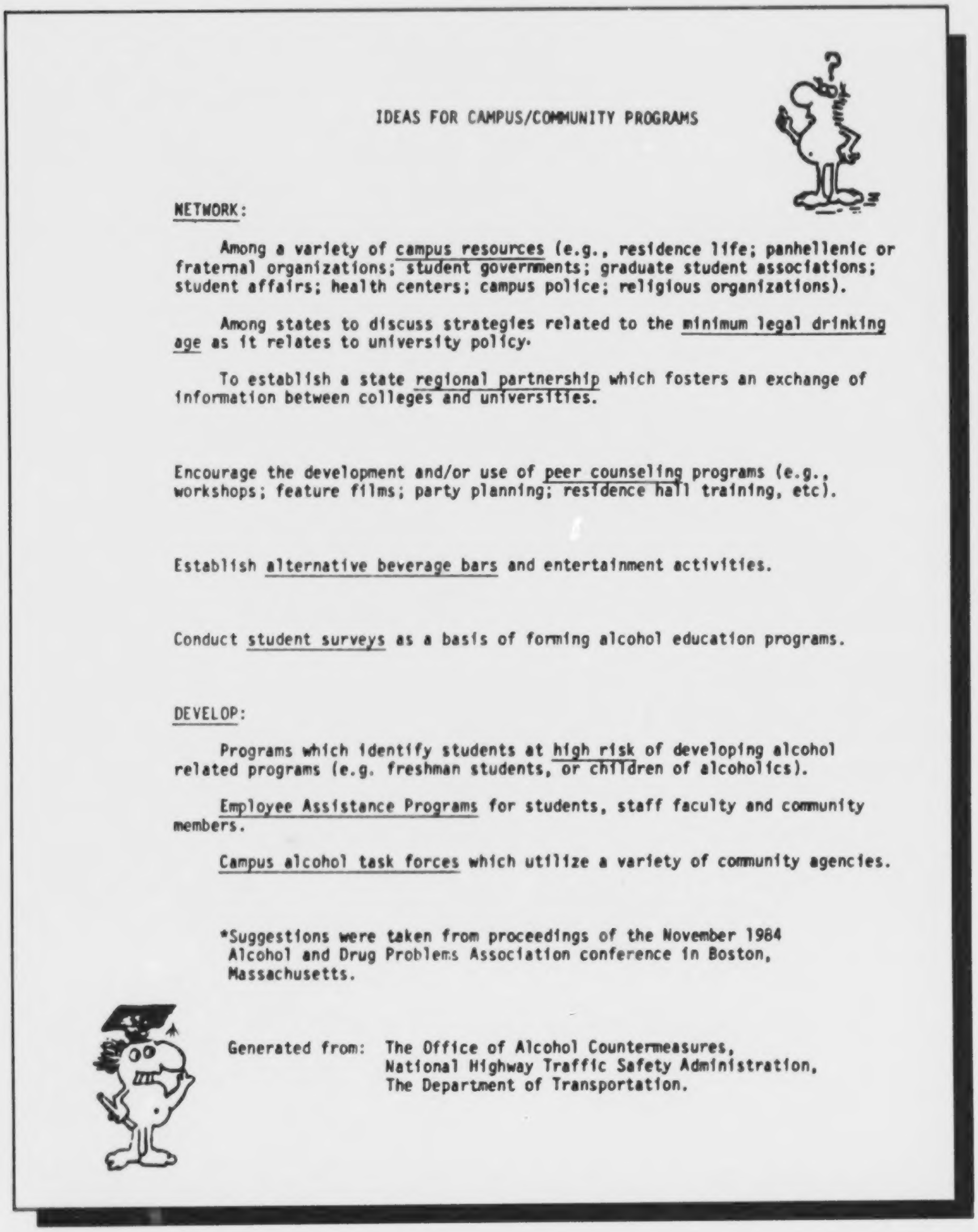


IDEAS FOR CAMPUS/COMMUNITY PROGRAMS

NETWORK:

Among a variety of campus resources (e.g., residence life; panhellenic or fraternal organizations; student governments; graduate student associations; student affairs; health centers; campus police; religious organizations).

Among states to discuss strategies related to the minimum legal drinking age as it relates to university policy.

To establish a state regional partnership which fosters an exchange of information between colleges and universities.

Encourage the development and/or use of peer counseling programs (e.g., workshops; feature films; party planning; residence hall training, etc).

Establish alternative beverage bars and entertainment activities.

Conduct student surveys as a basis of forming alcohol education programs.

DEVELOP:

Programs which identify students at high risk of developing alcohol related programs (e.g. freshman students, or children of alcoholics).

Employee Assistance Programs for students, staff faculty and community members.

Campus alcohol task forces which utilize a variety of community agencies.

*Suggestions were taken from proceedings of the November 1984 Alcohol and Drug Problems Association conference in Boston, Massachusetts.

Generated from: The Office of Alcohol Countermeasures,
National Highway Traffic Safety Administration,
The Department of Transportation.

OSSOM

Oregon Student Safety On the Move

Contact:

DEPARTMENT OF HEALTH
OREGON STATE UNIVERSITY
CORVALLIS, OR 97331
(503) 754-2686

The Oregon Youth Traffic Safety Project "OSSOM" is funded through a grant by the Oregon Traffic Safety Commission. The primary objectives of the project are to identify target schools needing youth traffic safety assistance; coordinate with organizations providing youth traffic safety programs; to serve as a resource center for youth traffic safety activities and materials; to conduct regional workshops and a state conference emphasizing a comprehensive youth traffic safety approach; to develop a K-6 safety belt peer leadership program; to conduct training workshops for the alcohol peer leadership program "The Control Factor"; and to develop a handbook that will assist schools in the implementation of youth traffic safety activities.

In addition, OSSOM will focus its attention on the following activities for the coming year:

MULTI-IMAGE/SEATBELT CONVINCER PROGRAM: Operated by the State Police, a morning assembly to present the "It's a Matter of Time" multi-image program followed by rides on the famous seat belt convincer.

CONTROL FACTOR WORKSHOPS: Conduct a number of workshops to train students as peer instructors in the control factor alcohol education program. The students will then go back into their schools as instructors and present the program to their peers as instructors.

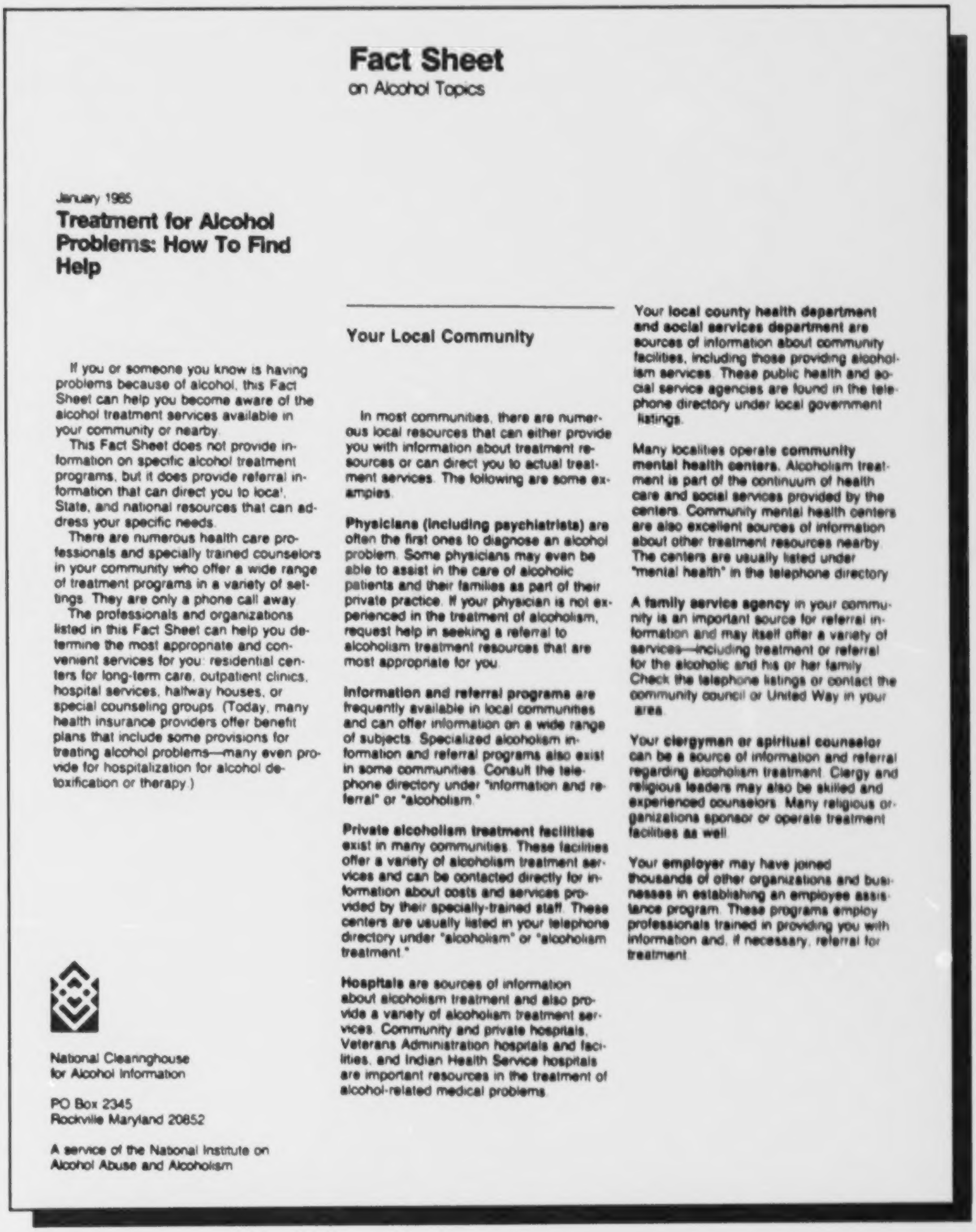
K-6 PEER LEADERSHIP SAFETY BELT PROGRAM: The program will involve high school students and elementary staff in a cooperative effort to deliver a K-6 safety belt awareness program at the elementary level.

STARTING EARLY ALCOHOL PROGRAM: Involves utilization of the AAA Starting Early Alcohol Kit. This program also will be a cooperative effort using high school and middle school students and elementary staff providing a K-6 alcohol awareness program to elementary youth.

SAFE HOME PROGRAM: The program involves parents and students networking to provide homes for parties that will be alcohol/chemical free.

AWARENESS CAMPAIGNS AND HOLIDAY ACTIVITIES: Possibly another campaign similar to this years cooperative effort of OSSOM/KGW TV Channel 8 presenting the "No thanks, I'm Driving" campaign, "Arrive Alive" program with Channel 2 and AMC/Jeep Renault; Chemical Awareness days, and student run programs.

PROJECT GRADUATION: A community effort to provide a chemical-free high school graduation party.



Fact Sheet

on Alcohol Topics

January 1985

Treatment for Alcohol Problems: How To Find Help

If you or someone you know is having problems because of alcohol, this Fact Sheet can help you become aware of the alcohol treatment services available in your community or nearby.

This Fact Sheet does not provide information on specific alcohol treatment programs, but it does provide referral information that can direct you to local, State, and national resources that can address your specific needs.

There are numerous health care professionals and specially trained counselors in your community who offer a wide range of treatment programs in a variety of settings. They are only a phone call away.

The professionals and organizations listed in this Fact Sheet can help you determine the most appropriate and convenient services for you: residential centers for long-term care, outpatient clinics, hospital services, halfway houses, or special counseling groups. (Today, many health insurance providers offer benefit plans that include some provisions for treating alcohol problems—many even provide for hospitalization for alcohol detoxification or therapy.)

Your Local Community

In most communities, there are numerous local resources that can either provide you with information about treatment resources or can direct you to actual treatment services. The following are some examples.

Physicians (including psychiatrists) are often the first ones to diagnose an alcohol problem. Some physicians may even be able to assist in the care of alcoholic patients and their families as part of their private practice. If your physician is not experienced in the treatment of alcoholism, request help in seeking a referral to alcoholism treatment resources that are most appropriate for you.

Information and referral programs are frequently available in local communities and can offer information on a wide range of subjects. Specialized alcoholism information and referral programs also exist in some communities. Consult the telephone directory under "information and referral" or "alcoholism."

Private alcoholism treatment facilities exist in many communities. These facilities offer a variety of alcoholism treatment services and can be contacted directly for information about costs and services provided by their specially-trained staff. These centers are usually listed in your telephone directory under "alcoholism" or "alcoholism treatment."

Hospitals are sources of information about alcoholism treatment and also provide a variety of alcoholism treatment services. Community and private hospitals, Veterans Administration hospitals and facilities, and Indian Health Service hospitals are important resources in the treatment of alcohol-related medical problems.

Your **local county health department and social services department** are sources of information about community facilities, including those providing alcoholism services. These public health and social service agencies are found in the telephone directory under local government listings.

Many localities operate **community mental health centers.** Alcoholism treatment is part of the continuum of health care and social services provided by the centers. Community mental health centers are also excellent sources of information about other treatment resources nearby. The centers are usually listed under "mental health" in the telephone directory.

A family service agency in your community is an important source for referral information and may itself offer a variety of services—including treatment or referral for the alcoholic and his or her family. Check the telephone listings or contact the community council or United Way in your area.

Your **clergyman or spiritual counselor** can be a source of information and referral regarding alcoholism treatment. Clergy and religious leaders may also be skilled and experienced counselors. Many religious organizations sponsor or operate treatment facilities as well.

Your **employer** may have joined thousands of other organizations and businesses in establishing an employee assistance program. These programs employ professionals trained in providing you with information and, if necessary, referral for treatment.

National Clearinghouse
for Alcohol Information

PO Box 2345
Rockville Maryland 20852

A service of the National Institute on
Alcohol Abuse and Alcoholism

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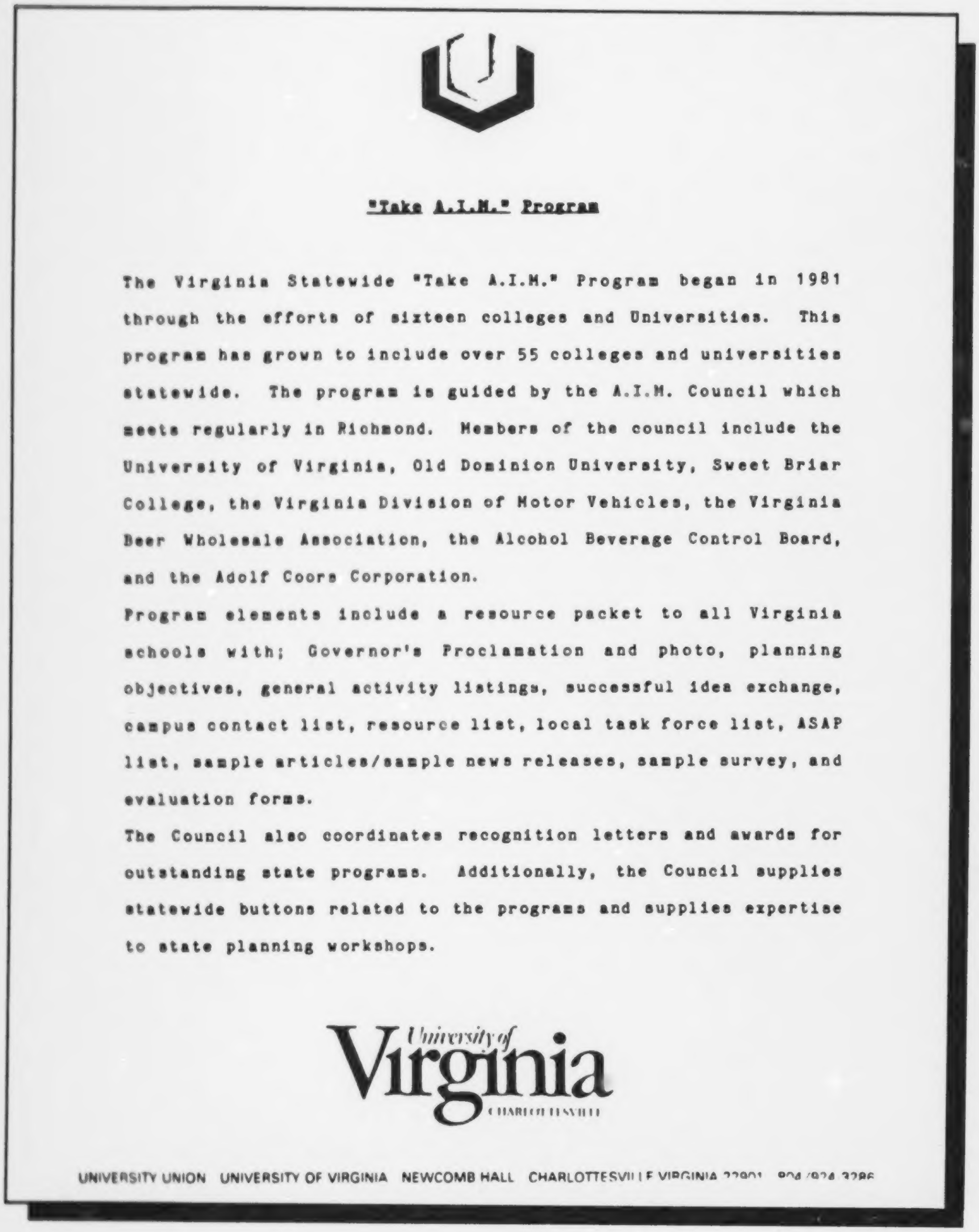


"Take A.I.M." Program

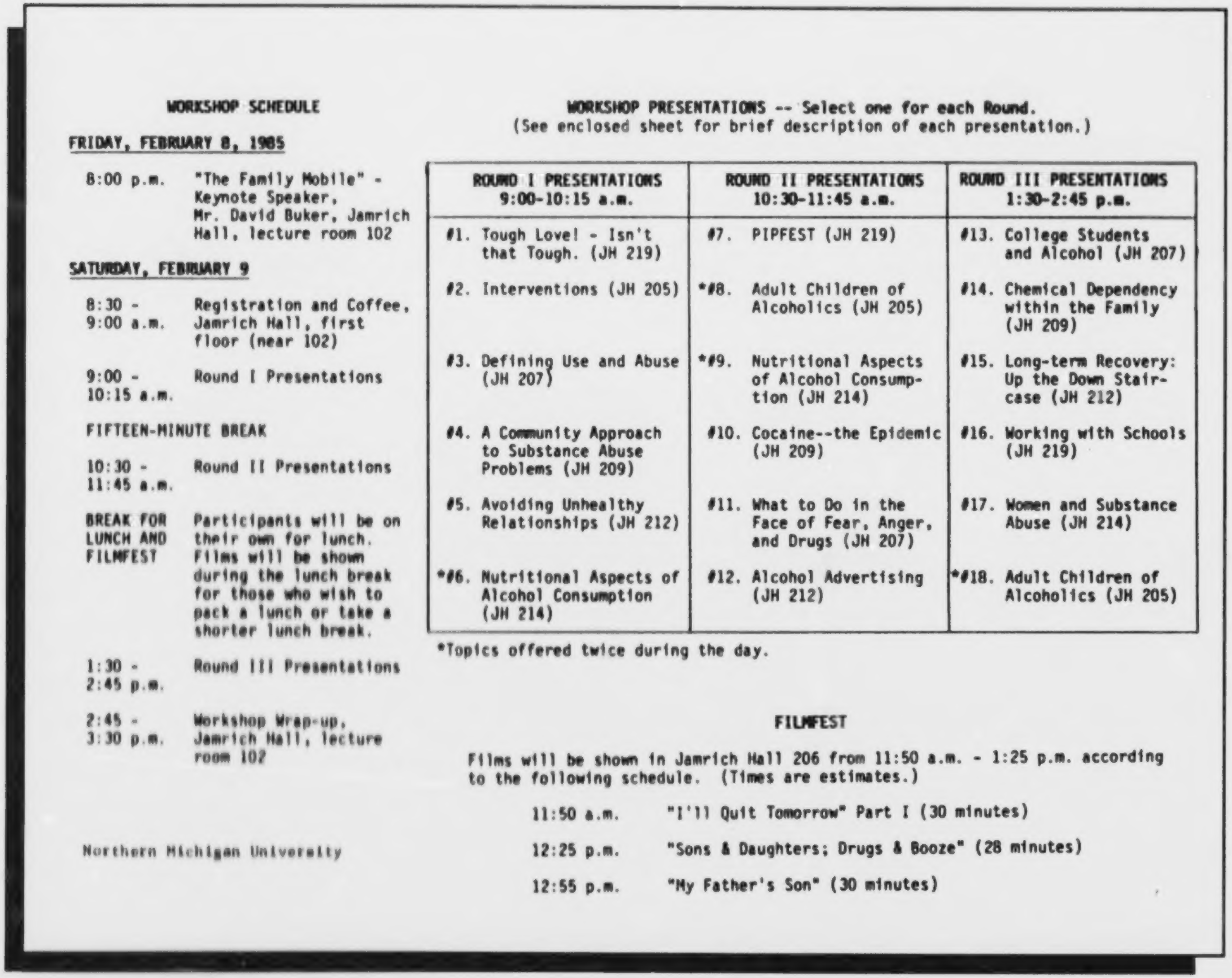
The Virginia Statewide "Take A.I.M." Program began in 1981 through the efforts of sixteen colleges and Universities. This program has grown to include over 55 colleges and universities statewide. The program is guided by the A.I.M. Council which meets regularly in Richmond. Members of the council include the University of Virginia, Old Dominion University, Sweet Briar College, the Virginia Division of Motor Vehicles, the Virginia Beer Wholesale Association, the Alcohol Beverage Control Board, and the Adolf Coors Corporation.

Program elements include a resource packet to all Virginia schools with; Governor's Proclamation and photo, planning objectives, general activity listings, successful idea exchange, campus contact list, resource list, local task force list, ASAP list, sample articles/sample news releases, sample survey, and evaluation forms.

The Council also coordinates recognition letters and awards for outstanding state programs. Additionally, the Council supplies statewide buttons related to the programs and supplies expertise to state planning workshops.

University of
Virginia
CHARLOTTESVILLE

UNIVERSITY UNION UNIVERSITY OF VIRGINIA NEWCOMB HALL CHARLOTTESVILLE VIRGINIA 22901 804/924-3286



WORKSHOP SCHEDULE

FRIDAY, FEBRUARY 8, 1985

8:00 p.m.	"The Family Mobile" - Keynote Speaker, Mr. David Buker, Jamrich Hall, lecture room 102

SATURDAY, FEBRUARY 9

8:30 - 9:00 a.m.	Registration and Coffee, Jamrich Hall, first floor (near 102)
9:00 - 10:15 a.m.	Round I Presentations
FIFTEEN-MINUTE BREAK	
10:30 - 11:45 a.m.	Round II Presentations
BREAK FOR LUNCH AND FILMFEST	Participants will be on their own for lunch. Films will be shown during the lunch break for those who wish to pack a lunch or take a shorter lunch break.
1:30 - 2:45 p.m.	Round III Presentations
2:45 - 3:30 p.m.	Workshop Wrap-up, Jamrich Hall, lecture room 102

Northern Michigan University

WORKSHOP PRESENTATIONS -- Select one for each Round.

(See enclosed sheet for brief description of each presentation.)

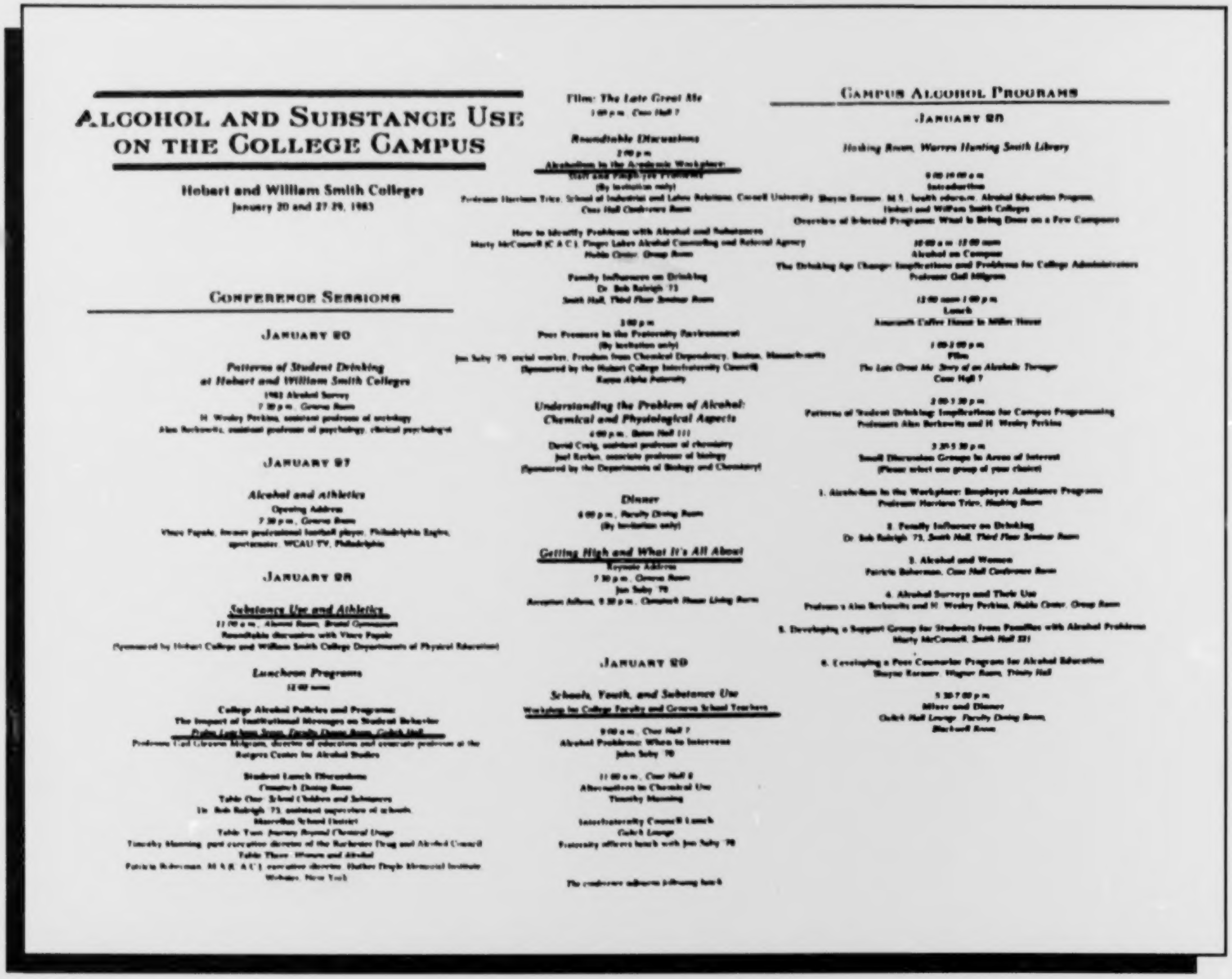
ROUND I PRESENTATIONS 9:00-10:15 a.m.	ROUND II PRESENTATIONS 10:30-11:45 a.m.	ROUND III PRESENTATIONS 1:30-2:45 p.m.
#1. Tough Love! - Isn't that Tough. (JH 219)	#7. PIPFEST (JH 219)	#13. College Students and Alcohol (JH 207)
#2. Interventions (JH 205)	*#8. Adult Children of Alcoholics (JH 205)	#14. Chemical Dependency within the Family (JH 209)
#3. Defining Use and Abuse (JH 207)	*#9. Nutritional Aspects of Alcohol Consumption (JH 214)	#15. Long-term Recovery: Up the Down Staircase (JH 212)
#4. A Community Approach to Substance Abuse Problems (JH 209)	#10. Cocaine--the Epidemic (JH 209)	#16. Working with Schools (JH 219)
#5. Avoiding Unhealthy Relationships (JH 212)	#11. What to Do in the Face of Fear, Anger, and Drugs (JH 207)	#17. Women and Substance Abuse (JH 214)
*#6. Nutritional Aspects of Alcohol Consumption (JH 214)	#12. Alcohol Advertising (JH 212)	*#18. Adult Children of Alcoholics (JH 205)

*Topics offered twice during the day.

FILMFEST

Films will be shown in Jamrich Hall 206 from 11:50 a.m. - 1:25 p.m. according to the following schedule. (Times are estimates.)

11:50 a.m.	"I'll Quit Tomorrow" Part I (30 minutes)
12:25 p.m.	"Sons & Daughters; Drugs & Booze" (28 minutes)
12:55 p.m.	"My Father's Son" (30 minutes)



ALCOHOL AND SUBSTANCE USE ON THE COLLEGE CAMPUS

Hobart and William Smith Colleges
January 20 and 27-29, 1983

CONFERENCE SESSIONS

JANUARY 20

Patterns of Student Drinking at Hobart and William Smith Colleges
1983 Alcohol Survey
7:30 p.m., Geneva Room
H. Wesley Perkins, assistant professor of sociology
Alan Berkowitz, assistant professor of psychology, clinical psychologist

JANUARY 27

Alcohol and Athletics
Opening Address
7:30 p.m., Geneva Room
Vince Papale, former professional football player, Philadelphia Eagles, sportscaster, WCAU TV, Philadelphia

JANUARY 28

Substance Use and Athletics
11:00 a.m., Alumni Room, Bristol Gymnasium
Roundtable discussion with Vince Papale
(Sponsored by Hobart College and William Smith College Departments of Physical Education)

Luncheon Programs
12:00 noon

College Alcohol Policies and Programs:
The Impact of Institutional Messages on Student Behavior
Friday Luncheon Series, Faculty Dining Room, Coxe Hall
Professor Gail Gleason Milgram, director of education and associate professor at the Rutgers Center for Alcohol Studies

Student Lunch Discussions
Comstock Dining Room
Table One: School Children and Substances
Dr. Bob Raleigh '73, assistant supervisor of schools, Marcellus School District
Table Two: Journey Beyond Chemical Usage
Timothy Manning, past executive director of the Rochester Drug and Alcohol Council
Table Three: Women and Alcohol
Patricia Bohrerman, M.S. (C.A.C.), executive director, Hathor Doyle Memorial Institute, Webster, New York

Film: The Late Great Me
1:00 p.m., Coxe Hall 7

Roundtable Discussions
2:00 p.m.
Alcoholism in the Academic Workplace: Staff and Employee Problems
(By invitation only)
Professor Harrison Trice, School of Industrial and Labor Relations, Cornell University
Coxe Hall Conference Room

How to Identify Problems with Alcohol and Substances
Marty McConnell (C.A.C.), Finger Lakes Alcohol Counseling and Referral Agency
Hubbs Center, Group Room

Family Influences on Drinking
Dr. Bob Raleigh '73
Smith Hall, Third Floor Seminar Room

3:00 p.m.
Peer Pressure in the Fraternity Environment
(By invitation only)
Jon Saby '70, social worker, Freedom from Chemical Dependency, Boston, Massachusetts
(Sponsored by the Hobart College Interfraternity Council)
Kappa Alpha Fraternity

Understanding the Problem of Alcohol: Chemical and Physiological Aspects
4:00 p.m., Eaton Hall 111
David Craig, assistant professor of chemistry
Joel Kerlan, associate professor of biology
(Sponsored by the Departments of Biology and Chemistry)

Dinner
6:00 p.m., Faculty Dining Room
(By invitation only)

Getting High and What It's All About
Keynote Address
7:30 p.m., Geneva Room
Jon Saby '70
Reception follows, 9:30 p.m., Comstock House Living Room

JANUARY 29

Schools, Youth, and Substance Use
Workshop for College Faculty and Geneva School Teachers

9:00 a.m., Coxe Hall 7
Alcohol Problems: When to Intervene
John Saby '70

11:00 a.m., Coxe Hall 8
Alternatives to Chemical Use
Timothy Manning

Interfraternity Council Lunch
Gulick Lounge
Fraternity officers lunch with Jon Saby '70

The conference adjourns following lunch

CAMPUS ALCOHOL PROGRAMS

JANUARY 20

Hosking Room, Warren Hunting Smith Library

9:00-10:00 a.m.
Introduction
Shayne Kersner, M.S., health educator, Alcohol Education Program, Hobart and William Smith Colleges
Overview of Selected Programs: What Is Being Done on a Few Campuses

10:00 a.m.-12:00 noon
Alcohol on Campus
The Drinking Age Change: Implications and Problems for College Administrators
Professor Gail Milgram

12:00 noon-1:00 p.m.
Lunch
Amaranth Coffee House in Miller House

1:00-2:00 p.m.
Film
The Late Great Me: Story of an Alcoholic Teenager
Coxe Hall 7

2:00-3:30 p.m.
Patterns of Student Drinking: Implications for Campus Programming
Professors Alan Berkowitz and H. Wesley Perkins

3:30-5:30 p.m.
Small Discussion Groups in Areas of Interest
(Please select one group of your choice)

1. Alcoholism in the Workplace: Employee Assistance Programs
Professor Harrison Trice, *Hosking Room*

2. Family Influence on Drinking
Dr. Bob Raleigh '73, *Smith Hall, Third Floor Seminar Room*

3. Alcohol and Women
Patricia Bohrerman, *Coxe Hall Conference Room*

4. Alcohol Surveys and Their Use
Professors Alan Berkowitz and H. Wesley Perkins, *Hubbs Center, Group Room*

5. Developing a Support Group for Students from Families with Alcohol Problems
Marty McConnell, *Smith Hall 221*

6. Developing a Peer Counselor Program for Alcohol Education
Shayne Kersner, *Wagner Room, Trinity Hall*

5:30-7:00 p.m.
Mixer and Dinner
Gulick Hall Lounge, Faculty Dining Room, Blackwell Room

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COMMUNITY BARTENDER TRAINING:
A "TOWN-GOWN" EDUCATION EFFORT IN AMHERST

The University of Massachusetts at Amherst has completed its fifth consecutive year of Alcohol Dispenser Training (a.k.a. Bartender Training or Alcohol Server Training). This program has been cooperatively sponsored since September of 1981 by the University of Massachusetts Health Services (Alcohol Education Program), the Amherst Police Department and the University of Massachusetts Department of Public Safety (Campus Police). Each year more then 200 bar and liquor store owners, managers, bartenders and newly hired waiters and waitresses attend free training sessions which include: a breathalyzer demonstration (a controlled drinking experiment), an overview of police enforcement procedures, information on local and state liquor liability cases, an alcohol physiology lecture, an I.D. slide show, a film on drinking and driving and small group discussions on "safe operating practices" and "how to shut off a drunk". Posters, pamphlets, BAC wheels, and other educational materials are given to each participant in addition to a training certificate which can be displayed in the participant's establishment.

The format of the Alcohol Dispenser Training includes:

(1) a two-hour training for bar owners and managers which emphasizes their liability and the importance of town-wide compliance with all regulations, and which reinforces their committment to safe operating practices. All participants receive a personal invitation to attend by the Amherst Chief of Police.

(2) a two-hour training for liquor store owners, managers and personnel which emphasizes their liability, the importance of requiring positive proof of age and town/ABC regulations affecting business policy.

(3) two sessions, each two hours in duration, for restaurant and bar front-line staff (bartenders, waitresses, waiters, etc.). Emphases in these sessions include: alcohol physiology, BAC, problems related to drinking and driving, stages of intoxication and prevention strategies, human relations skills, conflict resolution, personal liability concerns, ABC/town policies and enforcement procedures. Some experienced program participants act as small

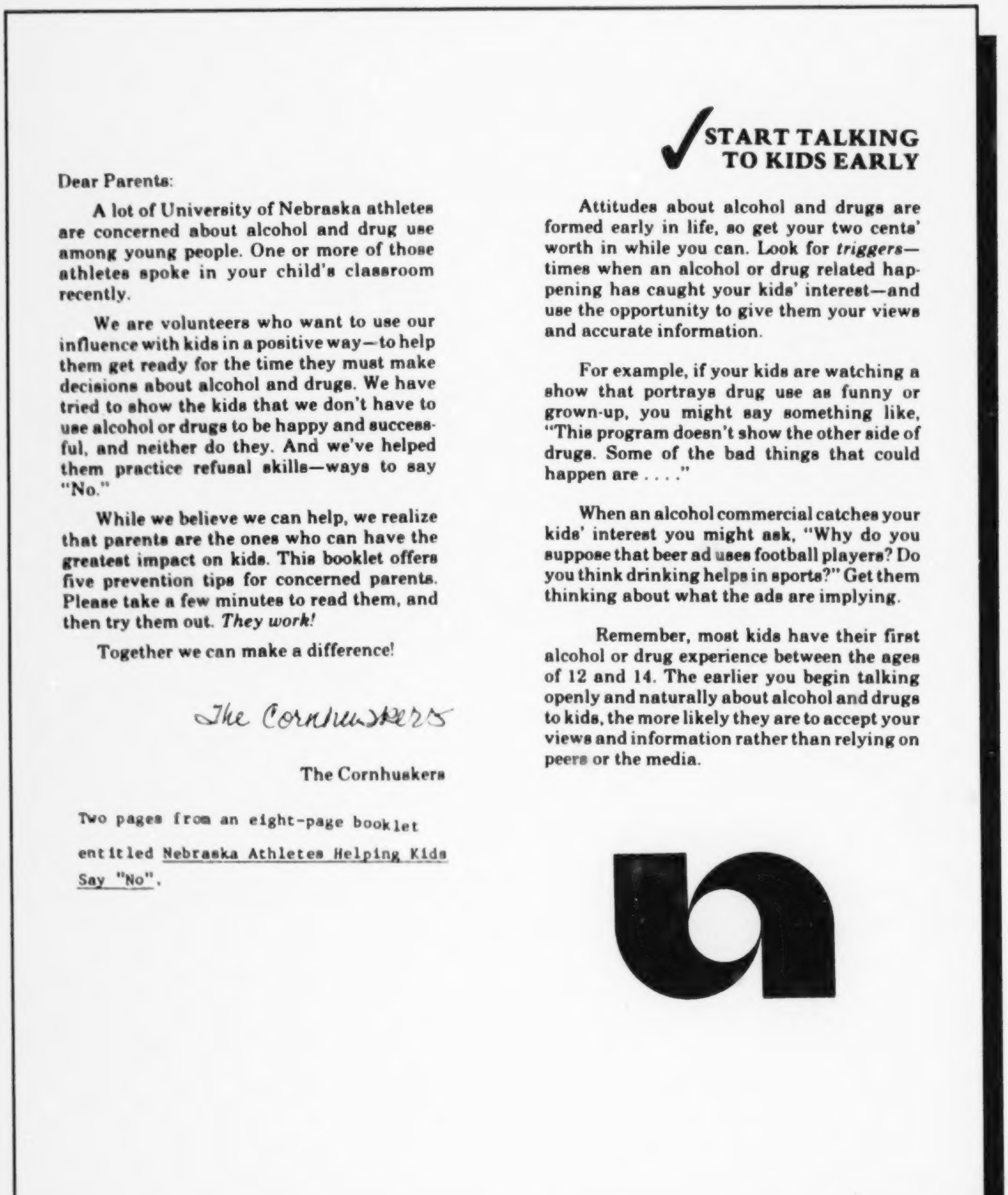
group leaders. All front-line staff attend one or both of these sessions with release time provided by their employers. One session is held in the afternoon and one in the evening to accommodate shift schedules.

(4) follow-up, on-site trainings are available upon request to individual town establishments. On campus over 80 alcohol education workshops are provided by peer alcohol educators in classrooms, dormitories and Greek houses each semester.

Some interesting outcomes from the first three years of training include: non-alcoholic drinks featured in many area bars and restaurants, non-alcoholic nights featured at the campus pub, consistent I.D. policies in most town establishments, a reduction in two-for-one promotionals, posters advertising free non-alcoholic drinks and free transportation options displayed in most establishments, and the enrollment of several bartenders (who are students) in the University's Peer Alcohol Education program. Although one cannot imply causality, there has been a 54% reduction in automobile accidents in Amherst in the 9 pm - 2 am weekend time slot since the bartender training began and the Amherst Police stepped up their enforcement with the Speed and Alcohol Patrol (SAP program).

More information about the University of Massachusetts Community Bartender Training Program is available from:

Coordinator of Alcohol Education
Division of Health Education
University Health Services
University of Massachusetts
Amherst, MA 01003



Dear Parents:

A lot of University of Nebraska athletes are concerned about alcohol and drug use among young people. One or more of those athletes spoke in your child's classroom recently.

We are volunteers who want to use our influence with kids in a positive way—to help them get ready for the time they must make decisions about alcohol and drugs. We have tried to show the kids that we don't have to use alcohol or drugs to be happy and successful, and neither do they. And we've helped them practice refusal skills—ways to say "No."

While we believe we can help, we realize that parents are the ones who can have the greatest impact on kids. This booklet offers five prevention tips for concerned parents. Please take a few minutes to read them, and then try them out. *They work!*

Together we can make a difference!

The Cornhuskers

The Cornhuskers

Two pages from an eight-page booklet entitled Nebraska Athletes Helping Kids Say "No".

✓START TALKING TO KIDS EARLY

Attitudes about alcohol and drugs are formed early in life, so get your two cents' worth in while you can. Look for *triggers*—times when an alcohol or drug related happening has caught your kids' interest—and use the opportunity to give them your views and accurate information.

For example, if your kids are watching a show that portrays drug use as funny or grown-up, you might say something like, "This program doesn't show the other side of drugs. Some of the bad things that could happen are . . . ."

When an alcohol commercial catches your kids' interest you might ask, "Why do you suppose that beer ad uses football players? Do you think drinking helps in sports?" Get them thinking about what the ads are implying.

Remember, most kids have their first alcohol or drug experience between the ages of 12 and 14. The earlier you begin talking openly and naturally about alcohol and drugs to kids, the more likely they are to accept your views and information rather than relying on peers or the media.

Drunk Drivers Hurt People

Source: Pennsylvania Department of Transportation

The automobile, even under the best of circumstances, is by far the deadliest weapon the average Pennsylvanian will ever possess. It kills at a rate of 100 people a day, making the number of deaths by guns seem insignificant by comparison.

Putting an automobile in the hands of a drunk driver is like releasing the safety on a pistol and priming the chamber. Few of us would allow someone who has been drinking to run through our communities waving a loaded pistol. In the same way, we should not let the less noticeable - but much more dangerous - drinking driver weave through our streets encased in 2,000 pounds of deadly steel.

And, drunk drivers do kill. Nationally, someone dies every 23 minutes in a drunk driving accident. In Pennsylvania alone, the toll from drunk drivers adds up to more than 1,000 killed and tens of thousands injured every year. In fact, one of every two Pennsylvanians will be involved in an alcohol-related crash sometime during their lifetime.

Many of us think there is nothing we can do as individuals about this problem. But there is. Solving the drunk driving problem in Pennsylvania must begin with us. . .the citizens.

What You Can Do

The first step, of course, is to make sure you don't drink and drive yourself. If you choose to drink, know your limits. Drink in moderation. Otherwise, don't get behind the wheel of your car.

Next, watch out for your family and friends. If someone you know has had too much to drink, don't let him or her drive. Instead, drive yourself. Suggest your friend stay overnight. Or, call a taxi. It could save your friend's life or someone else's.

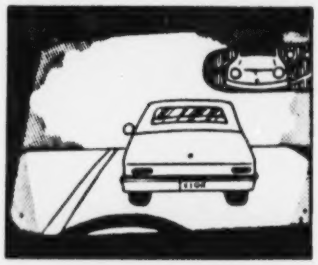
Finally, when you're driving on the highways, learn how to spot a drunk driver so you can exercise extra caution. At any time of the day, one out of every 50 drivers is intoxicated. But this number jumps to one out of every 10 during peak alcohol times and days. . .10 p.m. to 4 a.m. on Fridays, Saturdays and Sundays.

How To Spot The Drunk Driver

Exaggerated or erratic driving patterns can signal that the driver behind the wheel is drunk. If you notice anything out of the ordinary while driving on the highways, drive defensively. Also, allow sufficient room between your car and the other vehicle. This gives you extra time and space to avoid a possible collision.

You can suspect a drunk driver behind the wheel if you see some of the following signs:

- Unreasonably fast or slow speeds
- Inconsistent driving speeds. . .rocking the accelerator
- Frequent lane changing
- Improper passing with insufficient clearance; slowing or excessive swerving when overtaking and passing.
- Overshooting or totally ignoring traffic signs and signals
- Approaching signals unreasonably fast or slow, jerky stops or starts
- Driving at night without lights or delay in turning on lights when starting from a parked position
- Failing to dim lights to oncoming traffic
- Sitting at a stop sign for unreasonably long periods of time
- Driving too closely to shoulders or curbs, hugging the edge of the road or straddling the center line.
- Driving with the windows down in cold weather
- Driving with the head partly or completely out the window



See the light. Be on the lookout for potential drunk driving situations. . .whether it involves your own drinking, that of a family member or a friend or some other intoxicated driver on the highway. Remember you CAN do something to stop the death and destruction caused by Pennsylvania's drunk drivers.

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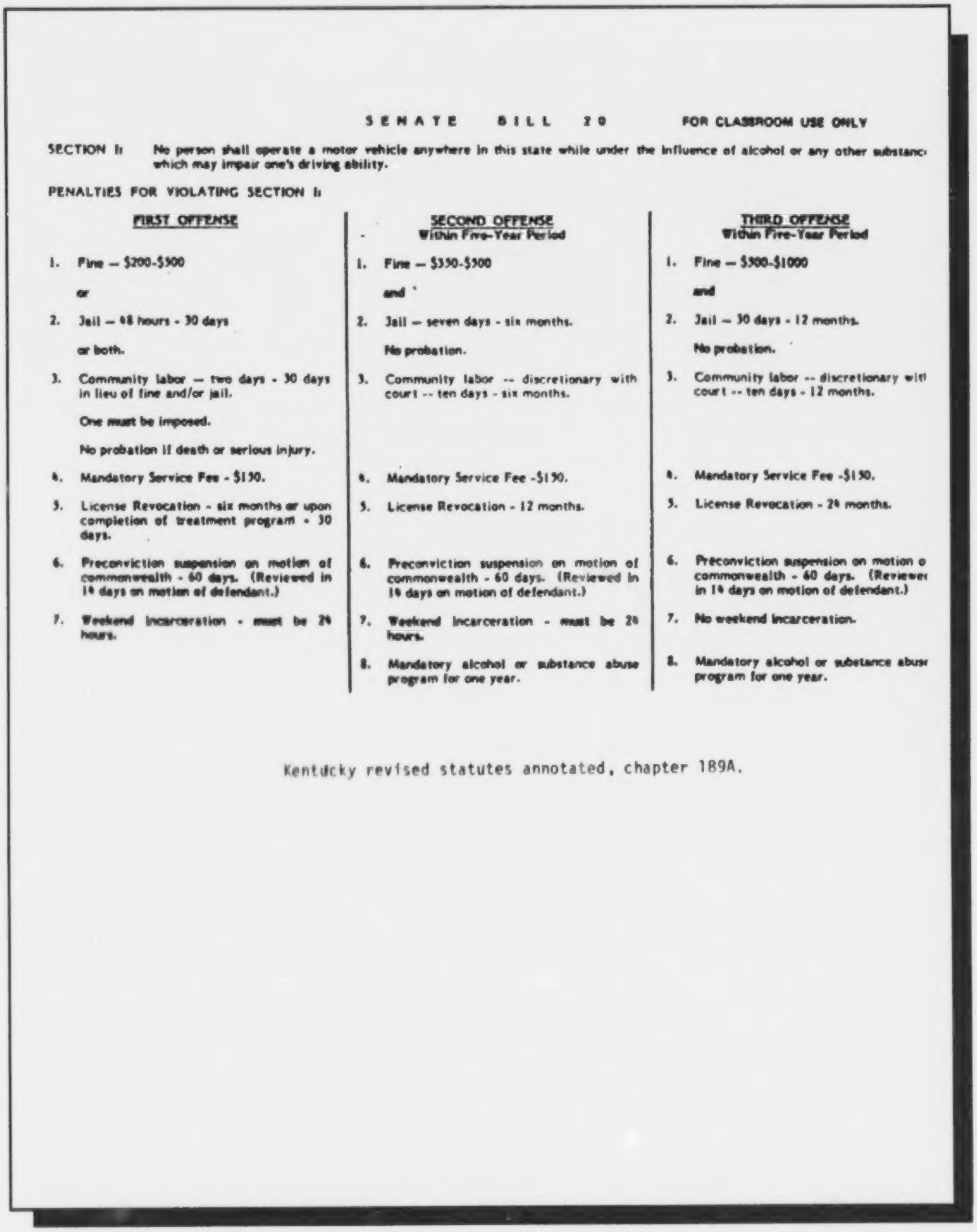
Notes

Index of Chapter 10 Resources

SOME FINAL CONSIDERATIONS

	Pages	
I. **Printed Materials**	323-326	Includes: • Summary of laws, handout • Sample poster on "DWI and You" • Sample brochure on alcohol-related laws



SENATE BILL 20 FOR CLASSROOM USE ONLY

SECTION I: No person shall operate a motor vehicle anywhere in this state while under the influence of alcohol or any other substanc which may impair one's driving ability.

PENALTIES FOR VIOLATING SECTION I:

FIRST OFFENSE	SECOND OFFENSE Within Five-Year Period	THIRD OFFENSE Within Five-Year Period
1. Fine — $200-$500 or	1. Fine — $350-$500 and	1. Fine — $500-$1000 and
2. Jail — 48 hours - 30 days or both.	2. Jail — seven days - six months. No probation.	2. Jail — 30 days - 12 months. No probation.
3. Community labor — two days - 30 days in lieu of fine and/or jail. One must be imposed. No probation if death or serious injury.	3. Community labor -- discretionary with court -- ten days - six months.	3. Community labor -- discretionary wit court -- ten days - 12 months.
4. Mandatory Service Fee - $150.	4. Mandatory Service Fee -$150.	4. Mandatory Service Fee -$150.
5. License Revocation - six months or upon completion of treatment program - 30 days.	5. License Revocation - 12 months.	5. License Revocation - 24 months.
6. Preconviction suspension on motion of commonwealth - 60 days. (Reviewed in 14 days on motion of defendant.)	6. Preconviction suspension on motion of commonwealth - 60 days. (Reviewed in 14 days on motion of defendant.)	6. Preconviction suspension on motion o commonwealth - 60 days. (Reviewe in 14 days on motion of defendant.)
7. Weekend incarceration - must be 24 hours.	7. Weekend incarceration - must be 24 hours.	7. No weekend incarceration.
	8. Mandatory alcohol or substance abuse program for one year.	8. Mandatory alcohol or substance abus program for one year.

Kentucky revised statutes annotated, chapter 189A.

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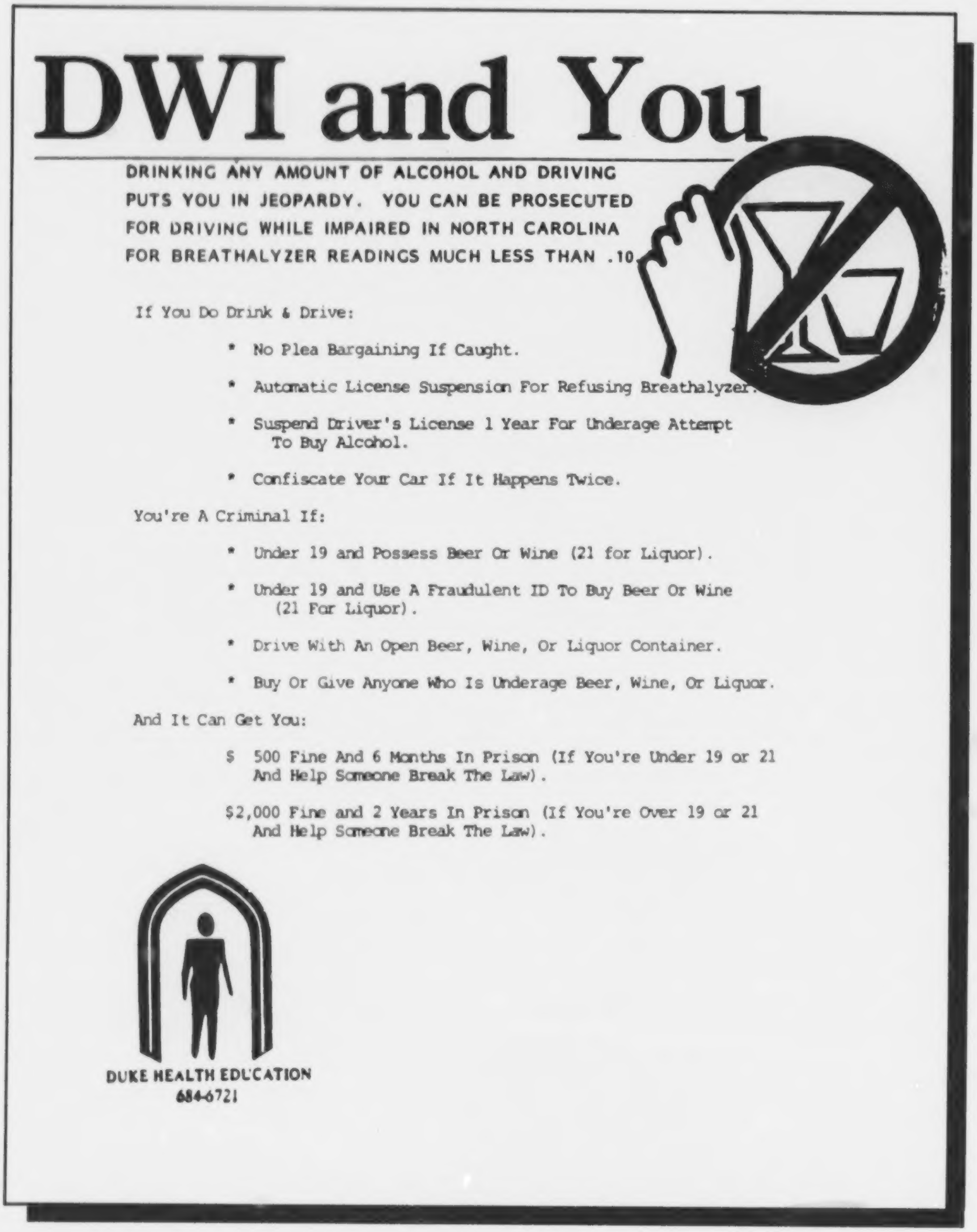


DWI and You

DRINKING ANY AMOUNT OF ALCOHOL AND DRIVING PUTS YOU IN JEOPARDY. YOU CAN BE PROSECUTED FOR DRIVING WHILE IMPAIRED IN NORTH CAROLINA FOR BREATHALYZER READINGS MUCH LESS THAN .10.

If You Do Drink & Drive:

- No Plea Bargaining If Caught.
- Automatic License Suspension For Refusing Breathalyzer.
- Suspend Driver's License 1 Year For Underage Attempt To Buy Alcohol.
- Confiscate Your Car If It Happens Twice.

You're A Criminal If:

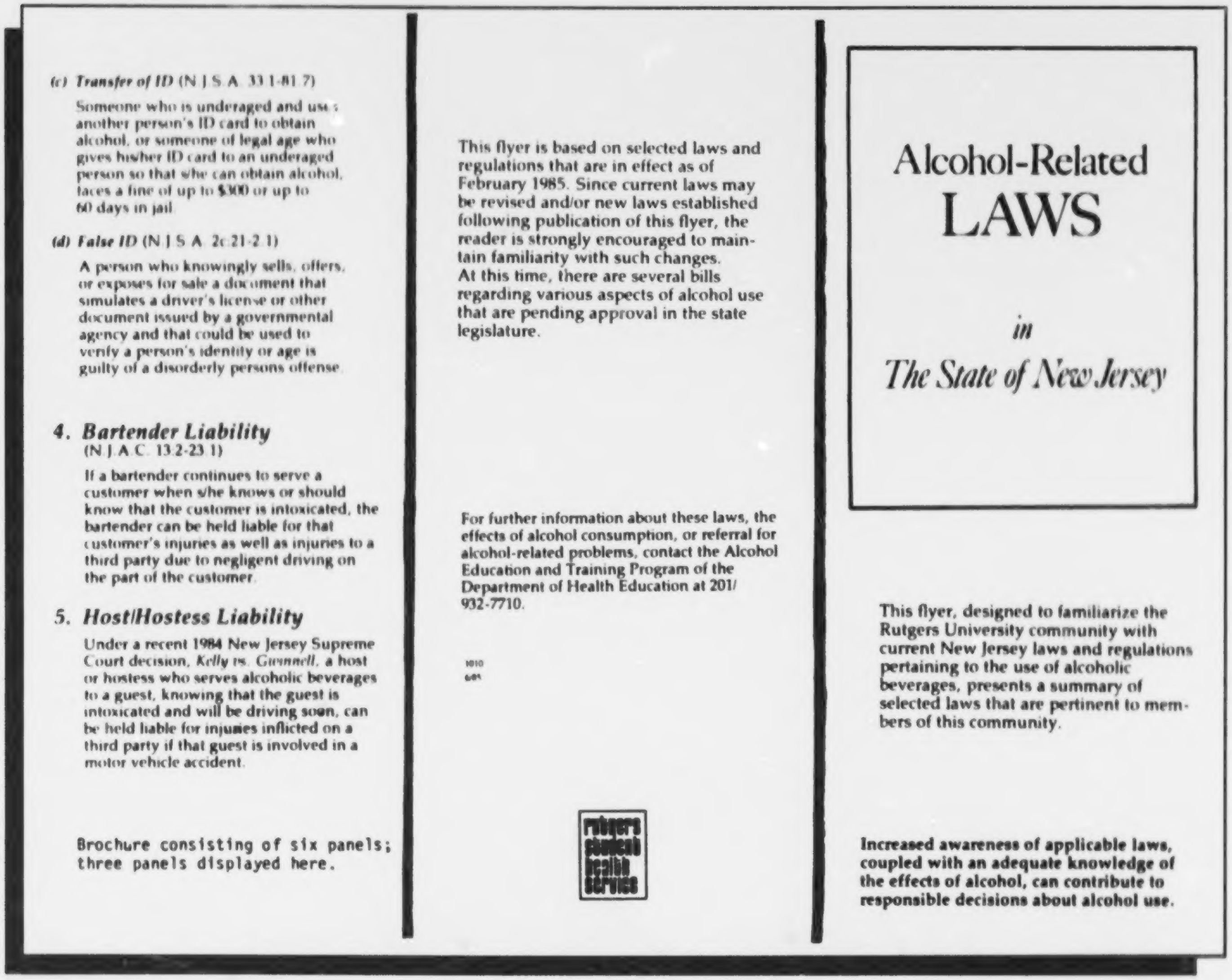
- Under 19 and Possess Beer Or Wine (21 for Liquor).
- Under 19 and Use A Fraudulent ID To Buy Beer Or Wine (21 For Liquor).
- Drive With An Open Beer, Wine, Or Liquor Container.
- Buy Or Give Anyone Who Is Underage Beer, Wine, Or Liquor.

And It Can Get You:

$ 500 Fine And 6 Months In Prison (If You're Under 19 or 21 And Help Someone Break The Law).

$2,000 Fine and 2 Years In Prison (If You're Over 19 or 21 And Help Someone Break The Law).

DUKE HEALTH EDUCATION
684-6721



(c) ***Transfer of ID*** (N.J.S.A. 33:1-81.7)

Someone who is underaged and uses another person's ID card to obtain alcohol, or someone of legal age who gives his/her ID card to an underaged person so that s/he can obtain alcohol, faces a fine of up to $300 or up to 60 days in jail.

(d) ***False ID*** (N.J.S.A. 2c:21-2.1)

A person who knowingly sells, offers, or exposes for sale a document that simulates a driver's license or other document issued by a governmental agency and that could be used to verify a person's identity or age is guilty of a disorderly persons offense.

4. *Bartender Liability*

(N.J.A.C. 13:2-23.1)

If a bartender continues to serve a customer when s/he knows or should know that the customer is intoxicated, the bartender can be held liable for that customer's injuries as well as injuries to a third party due to negligent driving on the part of the customer.

5. *Host/Hostess Liability*

Under a recent 1984 New Jersey Supreme Court decision, *Kelly vs. Gwinnell*, a host or hostess who serves alcoholic beverages to a guest, knowing that the guest is intoxicated and will be driving soon, can be held liable for injuries inflicted on a third party if that guest is involved in a motor vehicle accident.

Brochure consisting of six panels; three panels displayed here.

This flyer is based on selected laws and regulations that are in effect as of February 1985. Since current laws may be revised and/or new laws established following publication of this flyer, the reader is strongly encouraged to maintain familiarity with such changes. At this time, there are several bills regarding various aspects of alcohol use that are pending approval in the state legislature.

For further information about these laws, the effects of alcohol consumption, or referral for alcohol-related problems, contact the Alcohol Education and Training Program of the Department of Health Education at 201/932-7710.

1010
6/85

rutgers
student
health
service

Alcohol-Related
LAWS

in

The State of New Jersey

This flyer, designed to familiarize the Rutgers University community with current New Jersey laws and regulations pertaining to the use of alcoholic beverages, presents a summary of selected laws that are pertinent to members of this community.

Increased awareness of applicable laws, coupled with an adequate knowledge of the effects of alcohol, can contribute to responsible decisions about alcohol use.

Notes

Index of Chapter 11 Resources

SAFETY BELT PROGRAMS

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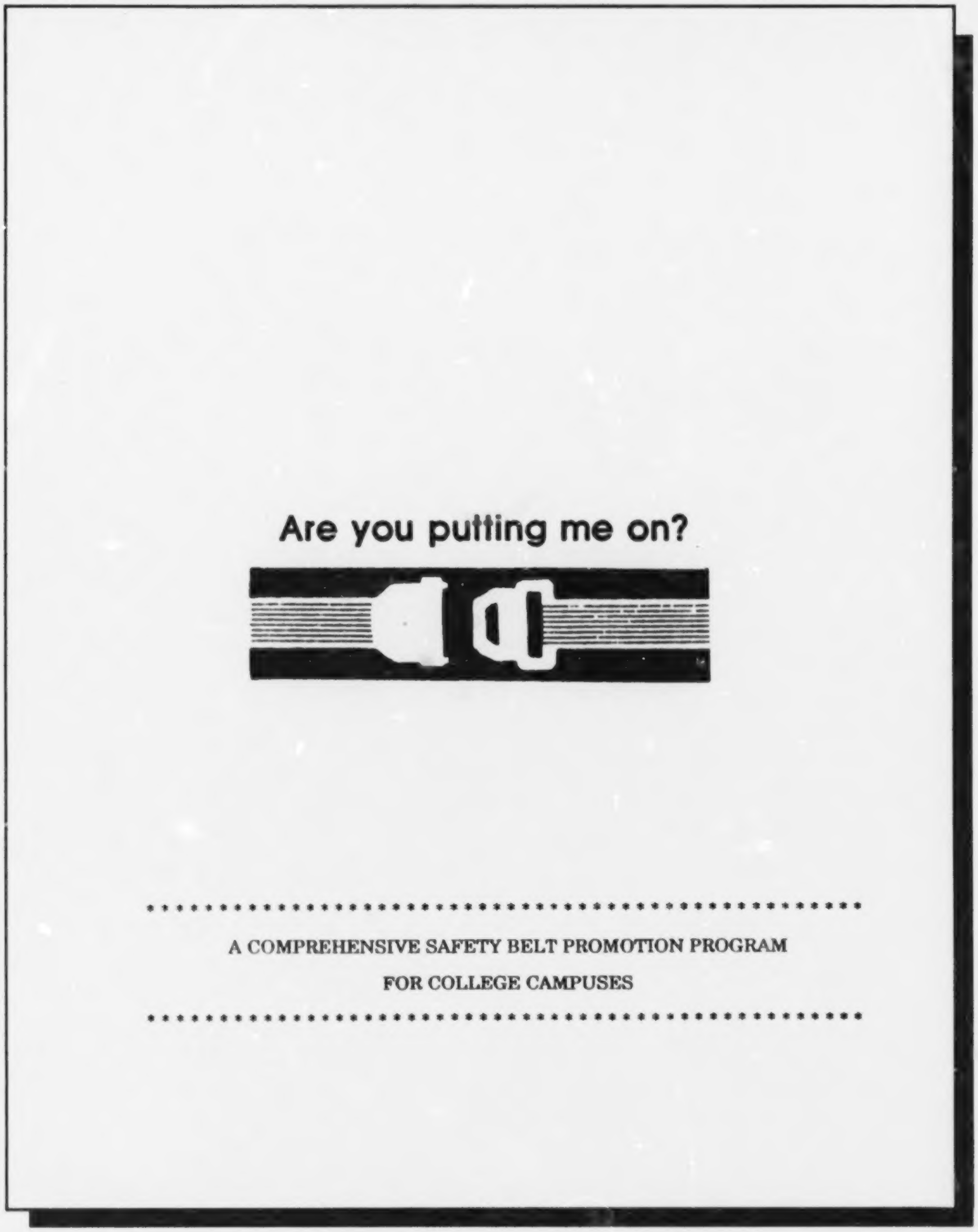
I.	General Information	329–336	Includes: • Acknowledgements and introduction • Rationale and background • The "Three M's" keys to success • Sources of funding
II.	Program Implementation	337–342	Includes: • Sample program ideas and details - "Now the Fun Begins!" • Sample evaluation plan - "Statistics" • Program duration sheet on sustaining the effort • Advantages of the program - supportive rationale
III.	Fact Sheets and Handouts	343–360	Includes: • Sample facts sheets to be used as background and/or hand-outs • Two sample quizzes on safety-belt facts • Pledge cards



Are you putting me on?

* * *

A COMPREHENSIVE SAFETY BELT PROMOTION PROGRAM
FOR COLLEGE CAMPUSES

* * *

ACKNOWLEDGEMENTS

"ARE YOU PUTTING ME ON?" was designed by six students at the University of Puget Sound, Tacoma, Washington. This project was developed and implemented as part of an independent research study at the University of Puget Sound. We would like to thank Jannie Meisberger, Project Coordinator, and her five co-designers, Ray Clarke, Craig Hilmes, Chris Murray, Rod Nirschl and Greg Osborn.

The project incorporated ideas from "SEAT BELTS PAY-OFF," a community safety belt incentive program developed by B.J. Campbell, Lauren M. Marchetti, Marriane G. Gemming, and William W. Hunter. We wish to thank the University of North Carolina Highway Safety Research Center for making their guidebook available to us. Thanks also go to E. Scott Geller, Department of Psychology, Virginia Tech., whose extensive research was invaluable in the preparation of the program.

"ARE YOU PUTTING ME ON?" was coordinated through the Washington Traffic Safety Commission.

Many of the references mentioned in this Chapter are unique to the State of Washington. For similar materials and information that may be available in your State, contact the Occupant Protection Coordinator in your State Highway Safety Office as listed in the Appendix.

INTRODUCTION

This booklet outlines a safety belt campaign successfully tested during spring semester, 1985 at the University of Puget Sound, Tacoma, WA., student population 2,800. We designed the program to be used 'as is' or with variations, depending upon availability of resources at your particular university.

Our program lasted five weeks and was timed to end right before a week long spring break. The campaign got under way with a one-week education phase that included a visit to campus by a Washington State Trooper and the Safety Belt Convincer, a public education program aired over the campus radio station and distribution of posters, brochures and specially designed rear view mirror tags. These tags served as a reminder to vehicle occupants to buckle up and also indicated to the 'belt brigade' that the occupants were eligible to take part in the four week contest that followed.

Local businesses and other organizations provided approximately 700 prizes to be given out over the four week period. The Washington Association of Women Highway Safety Leaders gave four weekly $25 cash prizes and two $50 cash grand prizes. Belt wearers randomly stopped by the belt brigade received coupons for free food, passes to area attractions, T-shirts, soft drinks, cash and other prizes. All those who returned signed pledge cards to the specially marked contest box were also eligible for the larger weekly prizes and the grand prizes.

We measured safety belt use before publicizing the campaign, once during the contest period and one final time four weeks after all incentives had ended. Pre-program belt use was 33% (students, staff and faculty), jumping to 42.5% during the contest phase, with a slight reduction to 39.4% one month after the conclusion of the program.

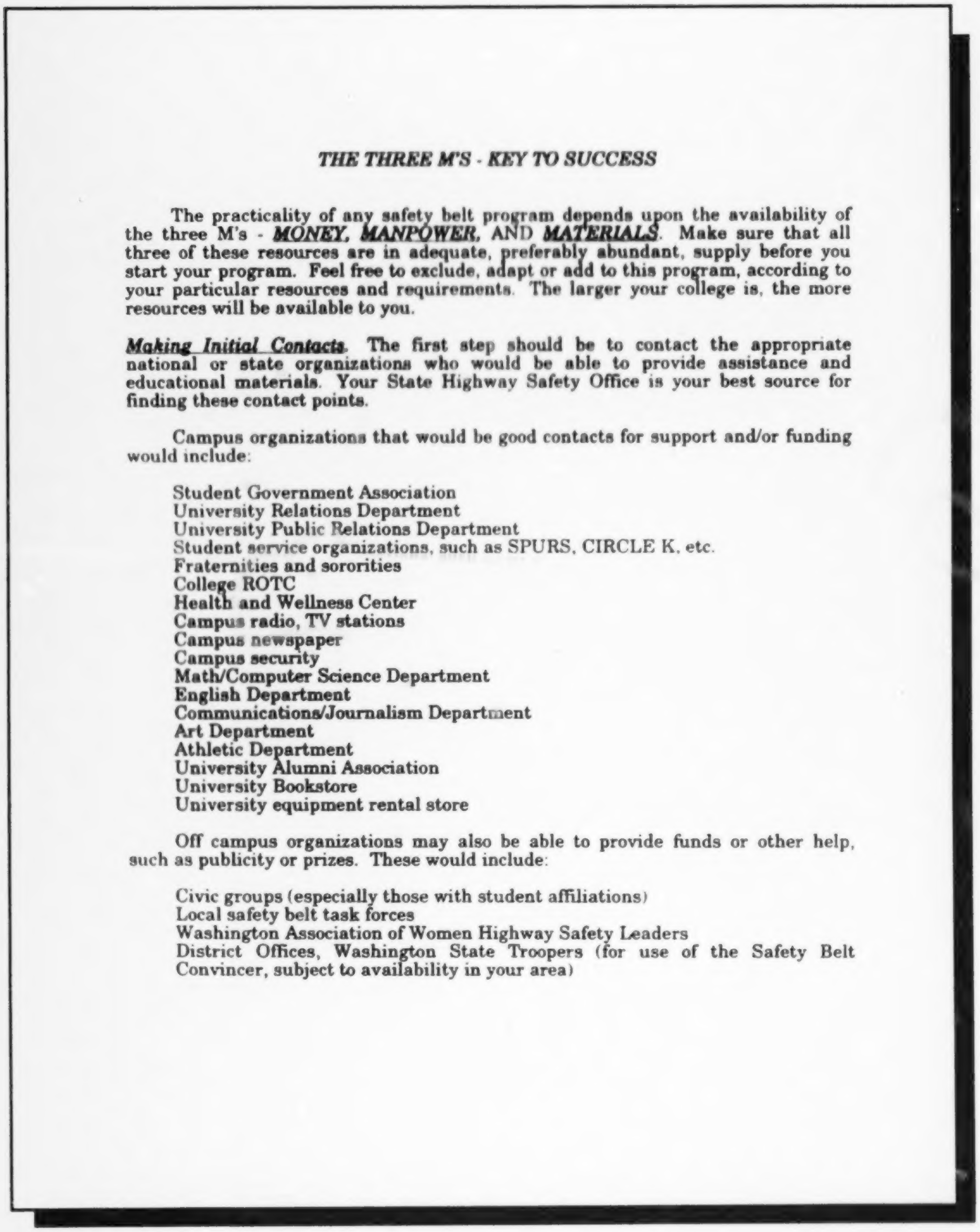
Everyone involved with the program had a lot of fun. Campus organizations providing volunteers gained valuable publicity for their efforts and an applied statistics class even got extra credit points for the statistical data they collected! Most importantly, we got people thinking about safety belts and we hope we reduced the likelihood of injury producing accidents among our fellow students.

WHY TARGET COLLEGE STUDENTS?

While Washington State accident reports indicate that overall safety belt usage had increased from 17.8% in 1982 to 21.0% in 1983, the percentage of college age population (19-24 year olds) who were *NOT* wearing their safety belts at the time of their accident was 85.1% indicating a usage rate of only 14.9% considerably lower than the state average.

Current awareness programs seem to have overlooked this particular high risk segment of the population, so six of us decided to direct our efforts towards filling this gap. We found that certain aspects of college life make it more difficult to implement an effective safety belt program. Students are working towards various majors, without necessarily coming into contact with others on campus. There is no mandatory daily assembly at which a general educational presentation can be made. The students' right not to take part in any program must be respected and there should be no interference with academics. After all, higher education is not cost-free. Students are attending college in order to follow their chosen course of study, not to take part in a program that they may feel is irrelevant, however lifesaving it may be.

Bearing this in mind, we designed the following program to reach as many students as possible, and we hope you will find it as much fun and as rewarding as we did. Remember that the main objective is to get people into the habit of buckling up. The prizes you award to belt wearers are a way of reinforcing the idea that safety belts should be worn at all times, not just on the freeway, or when travelling long distances. Safety belts also protect you against possible injury (or even death) at all times, whether you are backing out of your driveway, looking for a parking place at the local shopping center, going to an evening concert in the city, or just driving across campus from your residence hall to the library.



THE THREE M'S - KEY TO SUCCESS

The practicality of any safety belt program depends upon the availability of the three M's - ***MONEY, MANPOWER,*** AND ***MATERIALS***. Make sure that all three of these resources are in adequate, preferably abundant, supply before you start your program. Feel free to exclude, adapt or add to this program, according to your particular resources and requirements. The larger your college is, the more resources will be available to you.

Making Initial Contacts. The first step should be to contact the appropriate national or state organizations who would be able to provide assistance and educational materials. Your State Highway Safety Office is your best source for finding these contact points.

Campus organizations that would be good contacts for support and/or funding would include:

Student Government Association
University Relations Department
University Public Relations Department
Student service organizations, such as SPURS, CIRCLE K, etc.
Fraternities and sororities
College ROTC
Health and Wellness Center
Campus radio, TV stations
Campus newspaper
Campus security
Math/Computer Science Department
English Department
Communications/Journalism Department
Art Department
Athletic Department
University Alumni Association
University Bookstore
University equipment rental store

Off campus organizations may also be able to provide funds or other help, such as publicity or prizes. These would include:

Civic groups (especially those with student affiliations)
Local safety belt task forces
Washington Association of Women Highway Safety Leaders
District Offices, Washington State Troopers (for use of the Safety Belt Convincer, subject to availability in your area)

Educational Materials. We used brochures, stickers and posters around campus. Brochures were also handed to vehicle occupants when stopped. Contact the Washington Traffic Safety Commission for brochures and stickers. We obtained permission from the National Highway Traffic Safety Administration (NHTSA) to enlarge the individual fairy tales from their brochures "How Many of These Fairy Tales Have You Told?" for use as 8" x 11" posters, which were put on campus bulletin boards. The rear view mirror tags were designed by us, using a NHTSA slogan ***"ARE YOU PUTTING ME ON?"*** We used the student run publicity office to produce 2,000 of these (printed 4 to a page of 8" x 11" heavy colored paper). A student service organization volunteered to cut the holes in them. A sample is included in this packet for you to copy.

The campus radio station broadcast safety belt messages during the five week period. We suggest that you enlist the help of members of your football or basketball teams, other student star athletes or popular members of the faculty and staff to record these messages. You could use the Fairy Tales statements, or develop your own 30-second spots. However, please ensure that all those recording these messages use their safety belts at all times when travelling, otherwise they will defeat the purpose of your program!

If your campus has its own TV station, you could get public service announcements recorded and broadcast. Enlist the help of your communications or journalism departments to do the recordings for you. A professor might even be willing to incorporate the production as part of a class session. As most people love to see themselves on television, you should have no problem getting volunteers to take part.

Campus Presentations. These should be designed to maximize the manpower available to you to present them. The presentations should include an explanation of the importance of wearing safety belts, a direct confrontation of the myths surrounding them, and publicity for your incentive campaign to follow, with time for discussion with the audience. We aired a public education program over our campus radio station during our week long education phase. Representatives from the Washington Traffic Safety Commission and the Model Community Program presented the program and answered call-in questions from the audience. The Washington Traffic Safety Commission operates a volunteer speakers' bureau and contact should be made with them to find speakers in your area.

If the Safety Belt Convincer is available in your area, you should bring it to campus for a demonstration. Students, staff and faculty would experience first-hand what an impact at 7 mph feels like, and how safety belts really work! This is an excellent opportunity to get regional radio, television and newspaper coverage for your program, by the way. Your University Public Relations department could make all the necessary media contacts for you, as well as providing any other publicity you may want.

Your college debate society could organize a debate on the pros and cons of safety belts, or you could have a speech contest, open to all students. Perhaps the university bookstore would be willing to donate gift certificates as prizes. The campus newspaper could be approached to publish "Saved by the Belt" stories submitted by students, staff and faculty. The newspaper could also run a competition to find the most unusual object "belted" by a safety belt, with a prize for the most innovative (with a photo, if possible). The art department might be willing to sponsor a poster contest with the winning posters, or slogans, being displayed around campus for the duration of the program. If your campus student organization shows movies each weekend, you might want them to air 30-second messages right before the main feature. One message that is highly effective and short is "Egg, Pumpkin and Headache." Check with the Washington Traffic Safety Commission for the availability of this or other messages that might be suitable.

Whatever you decide to do, remember that the more people you get involved, the more you are going to spread the word about the value of safety belts, so experiment with different departments and organizations on your campus - you may be surprised at some of the super ideas they come up with!

DONATIONS

Some possible sources of donations are local businesses, civic clubs and community organizations. We found our University Relations Department very helpful in obtaining donations for our program. Each business or organization we contacted was given a letter explaining our objective and stressing the fact that all donors would receive public recognition for their generosity, as well as the added benefit of being involved with a life-saving program.

We obtained approximately 700 prizes for our month long program. Most of them were valued between $3-5, and included food coupons, free film, film processing, soft drinks, key chains, pens, pencils, books, T-shirts and free admissions to area attractions. Some of the bigger prizes (free admissions and books) were also used in the weekly drawings, along with the $25 weekly cash prizes. We had one final drawing in which we awarded two grand prizes of $50 each.

You might also want to check into the possibility of applying for research grant funding for your college. While this money is not usually approved for use as cash prizes, it would certainly be a way to pay for your printing costs, office supplies, telephone calls to state and national organizations, and for reimbursing speakers who might come to your campus.

NOW THE FUN BEGINS!

In order to create high visibility and to keep people thinking about wearing their safety belts, you need to give out instant rewards to randomly selected safety belt wearers at many different sites. We used several campus parking lots for our campaign, as well as two residence hall entrances that gave us high visibility, yet were far enough off the main road to be safe.

Three or four of us went to the chosen site and stood about 50 feet back from the street to make sure the vehicle we flagged down would be out of the way of other traffic when it stopped. One member of the belt brigade held up a sign that requested drivers to stop for a safety belt check. All occupants in the car who were wearing safety belts received a Washington Traffic Safety Commission litter bag with the "We Love You -- Buckle Up" slogan on it. Inside the bag was an instant prize, a contest flier explaining the rules, and a pledge card. The completed pledge card was turned in to the specially marked box by the Information Booth in the Student Union Building, where it was eligible for more prizes during the coming weeks of the contest. If the occupants were not wearing their safety belts, they were handed a contest flier and a brochure and were encouraged to buckle up next time in order to win a prize.

A second member of the brigade recorded the name and phone number of every instant prize winner. This helped us keep track of the number of pledge cards actually turned in. The third and fourth members of the brigade handled any traffic that entered the site while the transaction was in progress.

It is very important to remember to be as positive as possible when stopping vehicles. Some people may not have heard of the program, however well you may have publicized it. Others may be embarrassed or annoyed at themselves because they had forgotten to buckle up and you had 'caught' them. Still others may be adamant about never using safety belts, so just smile and thank each and every one of them for stopping, hand them a contest flier and procedure, if they will accept them, and wave them on! Remember that they are all fellow students, staff, or faculty members and you should always give them a graceful exit from a potentially embarrassing situation. Who knows, your cheerfulness may just be the little push they need to start buckling up -- it worked for us, so there's no reason why is shouldn't work for you.

We did not have funds for specially designed T-shirts for our brigade. You might want to investigate the possibility of obtaining shirts for your group, in order to minimize any misgivings a driver may have when being waved to a stop. Perhaps a local merchant would donate shirts with their logo, along with your own, printed on them. It would be super publicity for his business and an added incentive to your volunteers, as they would get a free shirt! Once again, remind any volunteers working on this program that they will have to start the buckle up habit themselves, if they aren't already buckling up; otherwise they will be in for some teasing from their fellow students!

As our university is situated on streets where the general public travels, we had to devise a method to ensure that we only flagged down people who were actually part of the university population. While we do have campus stickers on our vehicles, they are on the rear bumper, and thus not seen until the vehicle passes by. We, therefore, designed a highly visible rear view mirror tag that was plain on one side and had our slogan ***"ARE YOU PUTTING ME ON?"*** on the other. The slogan side faced the driver -- to remind him or her to buckle up -- and the plain side indicated to the belt brigade that this vehicle was eligible to take part in our contest. These colorful tags were large enough for us to see, yet small enough not to interfere with the driver's vision. They hung BEHIND the rear view mirror, so that only the portion with the unbuckled safety belt and the slogan was visible to the driver. As we have received many compliments about this gentle reminder from students, staff, and faculty since the program ended, we feel that they were very successful and we encourage you to copy this idea, using the NHTSA slogan, or one of your own. Ours were handed out by student service organizations during our education week, with extras being available at the Information Booth in the Student Union Building.

Another Incentive Game. One game developed by E. Scott Geller, Virginia Institute of Technology, is called "Flash for Life." The object of this game is to get people in other vehicles to buckle up. Players take turns holding up a sign that says "Please Buckle Up -- I Care." Whenever a player gets a person in another vehicle to buckle up, he flips the card to the other side, which reads "Thanks for Buckling Up," and he scores a point. The winner is the player who convinces the most people to buckle up. This would be a good game to play on athletic road trips. Each team member could display the card for a pre-determined length of time and would keep his score. The winner would be the team member with the highest score. Other people could also make up teams and play the game. Good sites for this game would be stadium parking lots after home games, campus parking lots at the end of classes, or lunch time, or local shopping malls (be sure to get permission from the mall management before you do this, though)! Not only would players of this game get other people to buckle up, they would become more aware of the number of people who DON'T buckle up, and this might influence them to use their own safety belts more.

STATISTICS - or "WE HAD A GOOD TIME, BUT DID IT REALLY WORK?"

In order to gauge the effect of your program, we suggest that at least three observational surveys be conducted. One, a pre-test survey, should be completed before anyone has an inkling of the program to come. This would give you a base usage rate upon which to measure the impact of the program. The second survey should be conducted near the end of the contest phase, with a third and final survey being completed at least a month after the incentives have stopped completely. This would give you some idea of the after-effects of the campaign. Do not conduct your data-collecting at the same time and place that you are handing out prizes, by the way, as this will not provide a true picture of the actual belt use at your campus.

Choose as many sites as possible, depending of course upon the number of observers available, and try to gather data for approximately one hour at each site.

We were very fortunate that a professor in the Math/Computer Science Department agreed to undertake the data gathering for us. Volunteers from one of his applied statistics classes made the observations on specially designed forms, and they used the information in their classes as an extra credit project. Analysis of the data was made by us using the Statistical Package for the Social Sciences (SPSS Program) from McGraw-Hill. The observers recorded data only on the driver and the front right passenger (if present) and only for vehicles that had visible shoulder-lap safety belts. If you have access to trained observers from the state or other agency in your community that are able to record lap belt data as well, see if they would be willing to include your campus in their area of data collecting. Guidelines and a sample data collection forms are available from the Office of Occupant Protection, NHTSA. Please note that the "Other" category was only used in cases where the front right passenger was obviously not a student, member of the staff or faculty (for example, a child or elderly person).

PROGRAM DURATION

Changing old habits hardly ever happens overnight, therefore your program has got to be long enough to be memorable. Our program lasted five weeks, with the contest phase being four weeks. This was the absolute minimum, and if at all possible, we would urge you to plan a program that is at least the length of the quarter, or even a whole semester, depending upon which system is used at your college.

When implementing your program, timing is a crucial factor in its success. An intense awareness campaign, utilizing all available media, should introduce the program. If possible, plan some educational awareness throughout your program, such as notices in a daily bulletin, campus newspaper, public service announcements and other presentations. Your program should start early in the term, in order to complete all the activities without a break, and it should be completed well before students start getting nervous about finals. You could gather your pre-test data during the spring, with a final analysis of the data being completed during the summer quarter, or even the following fall.

ADVANTAGES OF THIS PROGRAM

We have adapted this program from one that has been tested successfully in several different environments, including a high school, a large organization and an entire community. Most of the educational materials can be obtained at no cost from the Washington Traffic Safety Commission or can be copied with permission from them or NHTSA, utilizing resources available at your university. The program is memorable enough to be effective and yet causes the least interference with academics. If the potential sources of manpower at your disposal are organized well, an abundant supply of prizes could easily be obtained and distributed without any particular group or individual having to devote an inordinate amount of time to the task. The only disadvantage would be economic, as the scope of the program is directly related to the number of prizes and the variety of incentives that could be provided.

Where economic and physical feasibilities are limited, we would suggest that, at the very least, posters, brochures and pamphlets be distributed around campus and "We Love You - Buckle Up" parking lot reminder signs be installed. Alumni of your university could be approached to donate the cost of these signs in return for media coverage of the installation in your campus newspaper. These reminders directly increase awareness, thus ruling out one reason frequently cited for not using safety belts - "Because I forget."

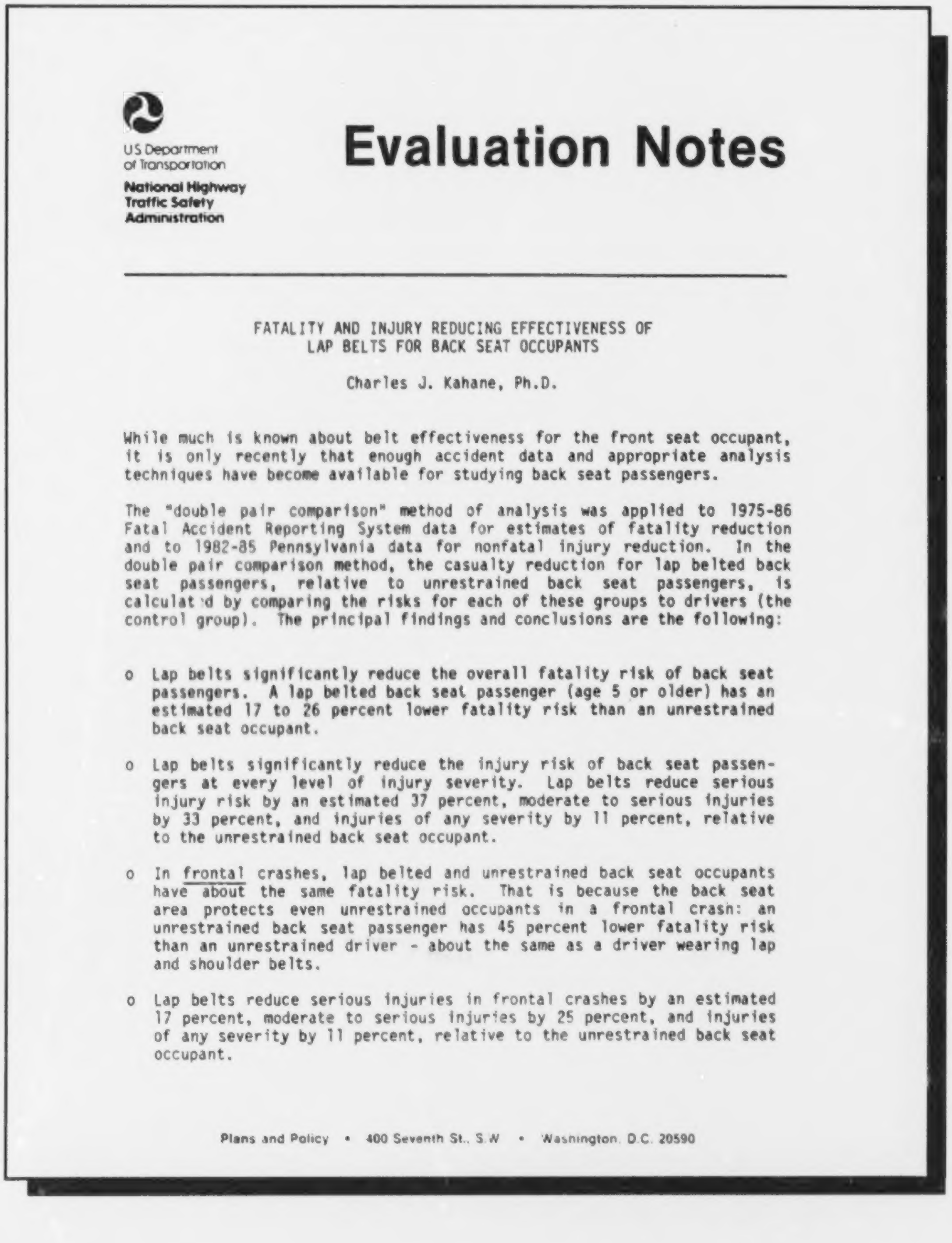
FACTS AND STATISTICS

EVERY 10 SECONDS SOMEONE IS INJURED IN A MOTOR VEHICLE ACCIDENT. EVERY 10 MINUTES SOMEONE IS KILLED IN A MOTOR VEHICLE ACCIDENT. WITHIN 10 YEARS YOU WILL BE INVOLVED IN A MOTOR VEHICLE ACCIDENT (U.S. Department of Transportation television commercial, featuring Elizabeth Dole, Transportation Secretary, 1984-5).

This is one '10' you definitely do NOT want to be!

By the time you finish your first hourly class of the day, SIX people will have been injured on the nation's highways. Within the next 10 years you too will be involved in an accident. While the time and place of your accident is impossible to predict, you do hold the key to your fate in your hands. A simple CLICK of your safety belt is all that is needed. You may be the safest driver in the world, but you never know who else is on the road with you. Your safety belt is the best protection you have - so BUCKLE UP - you are too precious a resource to waste.

* *



US Department of Transportation
National Highway Traffic Safety Administration

Evaluation Notes

FATALITY AND INJURY REDUCING EFFECTIVENESS OF LAP BELTS FOR BACK SEAT OCCUPANTS

Charles J. Kahane, Ph.D.

While much is known about belt effectiveness for the front seat occupant, it is only recently that enough accident data and appropriate analysis techniques have become available for studying back seat passengers.

The "double pair comparison" method of analysis was applied to 1975-86 Fatal Accident Reporting System data for estimates of fatality reduction and to 1982-85 Pennsylvania data for nonfatal injury reduction. In the double pair comparison method, the casualty reduction for lap belted back seat passengers, relative to unrestrained back seat passengers, is calculated by comparing the risks for each of these groups to drivers (the control group). The principal findings and conclusions are the following:

- Lap belts significantly reduce the overall fatality risk of back seat passengers. A lap belted back seat passenger (age 5 or older) has an estimated 17 to 26 percent lower fatality risk than an unrestrained back seat occupant.
- Lap belts significantly reduce the injury risk of back seat passengers at every level of injury severity. Lap belts reduce serious injury risk by an estimated 37 percent, moderate to serious injuries by 33 percent, and injuries of any severity by 11 percent, relative to the unrestrained back seat occupant.
- In frontal crashes, lap belted and unrestrained back seat occupants have about the same fatality risk. That is because the back seat area protects even unrestrained occupants in a frontal crash: an unrestrained back seat passenger has 45 percent lower fatality risk than an unrestrained driver - about the same as a driver wearing lap and shoulder belts.
- Lap belts reduce serious injuries in frontal crashes by an estimated 17 percent, moderate to serious injuries by 25 percent, and injuries of any severity by 11 percent, relative to the unrestrained back seat occupant.

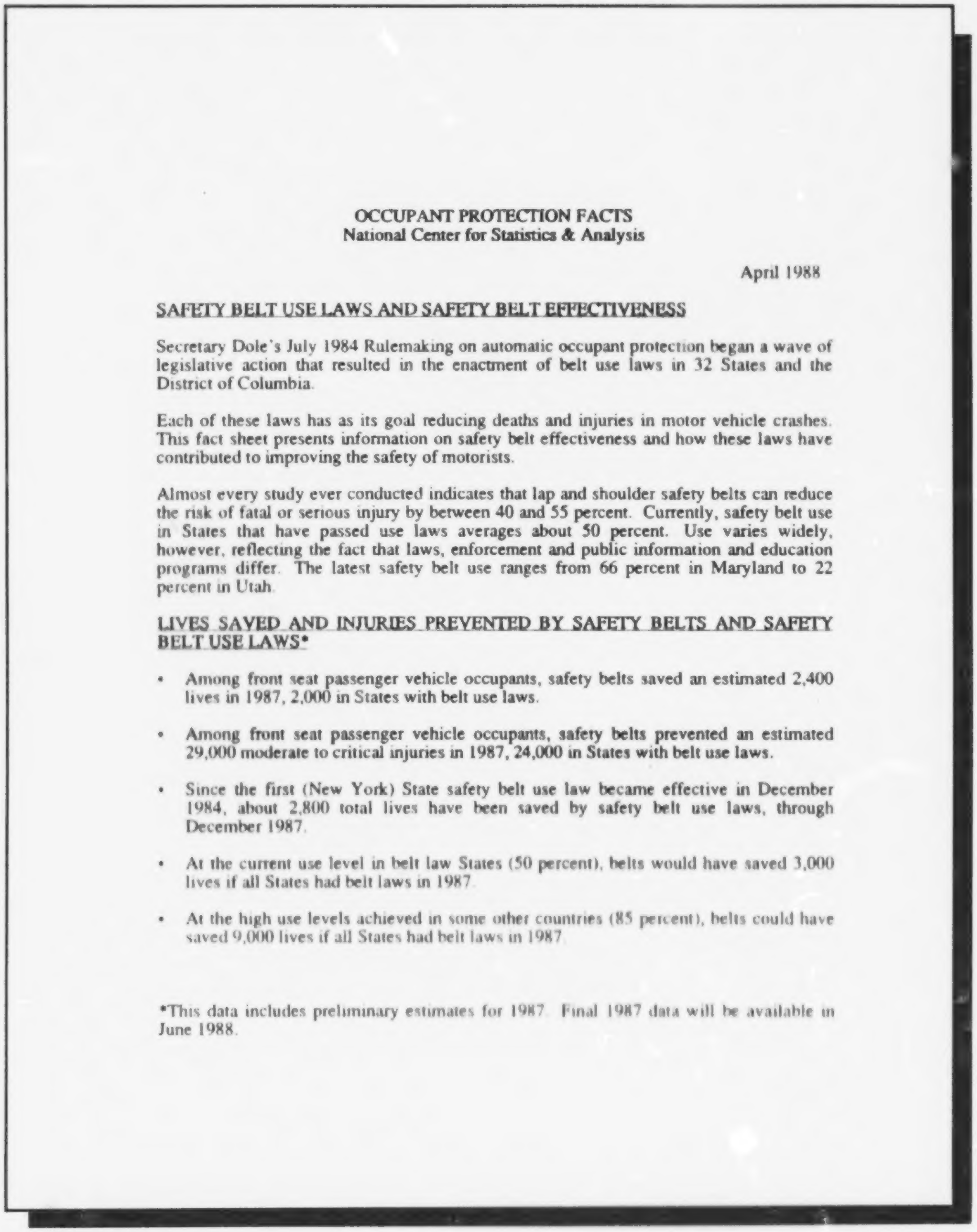
Plans and Policy • 400 Seventh St., S.W • Washington, D.C. 20590

- In nonfrontal crashes (which include side and rear impacts and rollovers), lap belted occupants are substantially safer than unrestrained back seat passengers. Fatality risk is reduced by an estimated 34 to 43 percent, serious injuries by 55 percent, moderate to serious injuries by 42 percent, and overall injury risk by 11 percent.

- Lap belts substantially reduce head, neck, arm and leg injuries at all severity levels, but increase torso injuries. For example, moderate to serious head and neck injuries are reduced by 39 percent and arm and leg injuries by 58 percent, but torso injuries increased by 16 percent. The reduction of head, neck, neck, arm and leg injuries far exceeds the increase of torso injuries.

NOTE: A copy of the complete report, Fatality and Injury Reducing Effectiveness of Lap Belts for Back Seat Occupants, SAE Paper No. 870486, is available by request from the Society of Automotive Engineers, 400 Commonwealth Drive, Warrendale, PA 15096.

March 1987



OCCUPANT PROTECTION FACTS
National Center for Statistics & Analysis

April 1988

SAFETY BELT USE LAWS AND SAFETY BELT EFFECTIVENESS

Secretary Dole's July 1984 Rulemaking on automatic occupant protection began a wave of legislative action that resulted in the enactment of belt use laws in 32 States and the District of Columbia.

Each of these laws has as its goal reducing deaths and injuries in motor vehicle crashes. This fact sheet presents information on safety belt effectiveness and how these laws have contributed to improving the safety of motorists.

Almost every study ever conducted indicates that lap and shoulder safety belts can reduce the risk of fatal or serious injury by between 40 and 55 percent. Currently, safety belt use in States that have passed use laws averages about 50 percent. Use varies widely, however, reflecting the fact that laws, enforcement and public information and education programs differ. The latest safety belt use ranges from 66 percent in Maryland to 22 percent in Utah.

LIVES SAVED AND INJURIES PREVENTED BY SAFETY BELTS AND SAFETY BELT USE LAWS*

- Among front seat passenger vehicle occupants, safety belts saved an estimated 2,400 lives in 1987, 2,000 in States with belt use laws.
- Among front seat passenger vehicle occupants, safety belts prevented an estimated 29,000 moderate to critical injuries in 1987, 24,000 in States with belt use laws.
- Since the first (New York) State safety belt use law became effective in December 1984, about 2,800 total lives have been saved by safety belt use laws, through December 1987.
- At the current use level in belt law States (50 percent), belts would have saved 3,000 lives if all States had belt laws in 1987.
- At the high use levels achieved in some other countries (85 percent), belts could have saved 9,000 lives if all States had belt laws in 1987.

*This data includes preliminary estimates for 1987. Final 1987 data will be available in June 1988.

SAFETY BELT USE

NHTSA measures national belt use by conducting observational surveys each year in 19 cities. The data from these surveys found:

- Belt use among car drivers in the 19-Cities Survey was

  11 percent in 1982
  14 percent in 1983
  14 percent in 1984
  21 percent in 1985
  39 percent in 1986
  42 percent in 1987

- Among cities without belt laws in effect in this survey, belt use was

  30 percent in the second half of 1987 (seven cities)

- Among cities with belt laws in effect in this survey, belt use was

  50 percent in the second half of 1987 (12 cities)

- Drivers who have been drinking are reported by police to use safety belts at a substantially lower rate than sober drivers. Of the passenger car drivers who were fatally injured in 1986, safety belts were used by only six percent of the drivers who were drunk (BAC of .10 percent or above), by 11 percent of the drivers who had some alcohol involvement (.01-.09), but by nearly 20 percent of the sober drivers.

A SHORT QUIZ
ON
SAFETY BELTS AND CHILD RESTRAINTS

☐ T ☐ F 1. Safety belts aren't necessary when taking short trips at low speeds.

☐ T ☐ F 2. About 80 per cent of all automobile accidents occur at speeds of less than 40 mph.

☐ T ☐ F 3. The longer the trip, the more likely it is that people will use safety belts.

☐ T ☐ F 4. One in 10 injury-producing crashes involves fire or submersion in water.

☐ T ☐ F 5. In a crash, it's almost always safer to be thrown out of the car.

☐ T ☐ F 6. Safety belts should be fastened just above the hip bones (pelvis).

☐ T ☐ F 7. If people wear a lap belt, they don't need a shoulder belt, too.

☐ T ☐ F 8. If you have an adjustable shoulder belt, it should be kept **very** loose for the best protection.

☐ T ☐ F 9. Drivers wearing lap and shoulder belts have more control over the car in emergency situations.

☐ T ☐ F 10. Over 90 per cent of drivers think safety belts increase safety, but only 70 per cent wear them regularly.

☐ T ☐ F 11. An adult's arms provide the best protection for a very small baby.

☐ T ☐ F 12. Pregnant women should not wear lap and shoulder belts.

☐ T ☐ F 13. Regular safety belts never should be worn by children under five years of age.

☐ T ☐ F 14. If the label on a child restraint device says it "meets or exceeds federal safety standards," it is a good one.

☐ T ☐ F 15. A common cause of death and injury to children in automobiles is being crushed by adults who are not wearing safety belts.

BEST COPY AVAILABLE

QUESTIONS AND ANSWERS
TO SHORT QUIZ ON
SAFETY BELTS AND CHILD SAFETY SEATS

1. **Safety belts aren't necessary when taking short trips at low speeds.**

   False

   Many people believe they are very safe when driving just to the store, the school, or to a friend's house. They do it all the time, and think nothing will ever happen. But a crash or collision ***can*** happen at any time or place. All it takes is one driver not paying attention, losing control, or taking an unnecessary risk. Three out of four crashes happen within 25 miles of home.

2. **About 80% of all automobile accidents occur at speeds of less than 40 m.p.h.**

   True

   Nearly 8 out of 10 crashes happen at speeds less than 40 m.p.h. That's largely because most driving is done at low speeds and in urban areas. Driving at low speed is no guarantee that you won't be hurt in a crash, however. People not wearing safety belts have been fatally injured in crashes at speeds as low as 12 m.p.h. That's about the speed you would be driving in a parking lot.

   No matter how slow you might be driving or how far you might be going...you're a lot safer buckled up.

3. **The longer the trip, the more likely it is that people will use safety belts.**

   True

   People are more likely to use safety belts on long trips. They seem to think there is a greater risk of having an accident when driving far from home on unfamiliar roads. But the reverse is really true. Long trips, especially on freeways, tend to be safer. Everyone should wear belts on all trips, short or long.

4. **One in ten injury producing crashes involves fire or submersion in water.**

False

If you watch television, you probably think cars explode and drop into rivers all the time. But that's just not what happens in real life. Less than one out of every 200 injury producing crashes involves fire or submersion in water.

But suppose this does happen to you. Then a safety belt can save your life by keeping you unhurt, alert, and able to escape quickly.

Without a safety belt, you easily can be stunned or knocked unconscious in even a minor crash. Then how will you escape?

5. **In a crash, it's almost always safer to be thrown out of the car.**

False

The fact is that your chances of being fatally injured are about 4 times greater if you're thrown from the car than if you are safely buckled to your seat.

Why? Because it's not easy to get out of the car. You have to go through the windshield or the side windows...and that's going to hurt! Once you are out of the car and sailing through the air, you face your next problem...your landing spot. But without wings, you really don't have a choice.

So how will safety belts help you? They will hold you snugly in your seat so that you don't

o plunge through the windshield;
o smash into trees or rocks or other cars;
o scrape along the ground or the pavement; or
o get run over by your own or another car.

6. **Safety belts should be fastened just above the hip bones.**

False

A lap belt is designed to be worn as **low as possible across the hip bones**, so these strong bones can absorb safely the forces of a crash. If the belt is fastened above the hip bones...across the abdomen...it could cause injury to soft tissue and organs in a severe crash.

7. **If people wear a lap belt, they don't need a shoulder belt, too.**

False

The purpose of a shoulder belt is to keep your upper torso from jackknifing forward in a collision and hitting the dashboard or the steering wheel with your chest and face. A lap belt will hold you in your seat and save your life, but the shoulder belt can prevent some very painful and disfiguring injuries. The combination of lap and shoulder belts working together provides the greatest protection in a crash.

8. **If you have an adjustable shoulder belt, it should be kept very loose for the best protection.**

False

The shoulder belt should be worn snug against the chest for greatest protection. Belts are designed to be both safe and comfortable. The shoulder harness is attached to a retractor that is designed to let the webbing move freely in and out, except during sudden deceleration, when it automatically locks, keeping you in place in your seat. Some shoulder belts have tension relieving devices to reduce excessive pressure on the shoulder and chest after the belt has been fastened. The device works like a window shade. If the shoulder belt is too snug, pull down on the belt the least amount to ease the pressure and let go. The shoulder belt will then stay at this position.

If you lean forward (to adjust the radio, for example), the window shade device may leave too much slack when you sit back in your normal seated position. To get rid of the slack, pull the belt out about five (5) inches and let go. Then readjust for comfort.

9. **Drivers wearing lap and shoulder belts have more control over the car in emergency situations.**

True

If you have to swerve suddenly to avoid a crash, your safety belts will hold you in your seat so that you can concentrate on steering. Without belts, it is likely you could be thrown out of your seat or at least slide so far that you could not keep control of the car. Ever hear of a race car driver who doesn't use safety belts? In fact, professional racing associations **require** the use of safety belts by all drivers, just like they require helmets and other safety devices.

10. **Over 90% of drivers think safety belts increase safety, but only 70% wear them regularly.**

False

More than 90% of all motorists do believe that safety belts are a good idea in one or more situations. As of January 1988, however, about 40% of drivers were regularly wearing their belts. In 1987 a coalition of national organizations concerned about motor vehicle trauma adopted the goal of attaining 70 percent belt use rates nationwide by 1990.

11. **An adult's arms provide the best protection for a very small baby.**

False

In only a 30 m.p.h. crash, a 15-pound baby can suddenly weigh as much as 450 pounds. No matter how strong you are or how much warning you have, there is no way in the world you can hold on to a baby in a crash. If this happens, the baby will hit the dashboard with the force of a fall from a three story building. Then, if you don't have on your safety belts, **you will crash into the child**. The only way to protect a small baby from injury in a crash or even a sudden stop or swerve is to carry it in a specially designed infant car seat.

12. **Pregnant women should not wear lap and shoulder belts.**

False

The greatest cause of fetal death in auto accidents is death of the mother, so her survival must take priority. A lap belt worn below the "Bulge" and a shoulder belt above, to prevent jackknifing, will give both mother and fetus and the best chance of surviving a serious accident.

13. **Regular safety belts never should be worn by children under five years of age.**

False

This was a little tricky because many people have heard that safety belts can be dangerous to young children. Well, young children **always** are safer if they can ride in a special child safety seat that will spread the forces of a crash over a wide body area. But if a child safety seat is not available, then a safety belt is much better than being unrestrained. Just make certain the lap belt is as snug as possible and is positioned low on the hip bones.

14. **If the label on a child restraint device says it "meets or exceeds all federal safety standards," it is a good one.**

True

Since January 1, 1981, the federal standard governing child safety seats requires dynamic testing. Child safety and booster seats are certified by the manufacturers to meet this standard when used as designed. Improper installation or use may reduce the protection to your child.

Your child's safety depends on your willingness to use the equipment correctly, and to use it every time your child rides in a car. Not all models fit in all cars. Shop for a seat that is convenient for you, try your child in it, and then try the seat in your car.

15. **A common cause of death and injury to children in automobiles is being crushed by adults who are not wearing safety belts.**

True

This is something about which most people have never thought. When they try to visualize a crash, they see a car hit something head-on and the people lurch forward. In real life, however, cars collide at all angles and the passengers are thrown in every conceivable direction...unless they are safely buckled up and anchored to the vehicle seat. One out of every four serious injuries occurring to passengers of motor vehicles is caused by people being thrown into each other.

The most common causes of death and injury to children in automobile crashes are:

o being thrown into the windshield, dashboard, or some other part of the vehicle;

o being crushed by adults who are not wearing safety belts; and

o being thrown out of the car.

A SHORT QUIZ ON AUTOMATIC OCCUPANT PROTECTION

1. ___T ___F Safety belts are not necessary when taking short trips at low speeds.

2. ___T ___F As of July 1988, 32 States and D.C. had passed mandatory safety belt use laws and all States plus D.C. have child passenger safety laws.

3. ___T ___F Air bags are sensitive devices that will easily inflate if a car travels over railroad tracks or hits a pothole.

4. ___T ___F The long term reliability of air bags has not been determined.

5. ___T ___F A car must be involved in a crash of at least 30 miles per hour in order to activate the air bag system.

6. ___T ___F Once activated by a crash, it takes less than second for an air bag to inflate and then start to deflate.

7. ___T ___F Automatic safety belts do not have to be buckled or unbuckled.

8. ___T ___F Automatic belts are difficult to disconnect in case of an emergency and would entrap occupants in the vehicle.

9. ___T ___F As of September 1989, all new cars sold in the U.S. must be equipped with automatic belts or air bags.

10. ___T ___F Child safety seats can be used in the front seat of all cars equipped with automatic belts.

11. ___T ___F Air bags provide the best overall protection in all types of crashes (i.e. frontal, rear, rollover).

12. ___T ___F An air bag is inflated with nitrogen, a harmless substance that is a key ingredient in the air we breathe.

13. ___T ___F Air bags should be replaced every four years.

14. ___T ___F Some cars with automatic shoulder belts do not have lap belts.

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AUTOMATIC PROTECTION QUIZ

QUESTIONS AND ANSWERS

1. **Safety belts are not necessary when taking short trips at low speeds.**

   False

   Many people believe they are very safe when driving a short distance to the store, to school or to a friend's house. The fact is 3 out of 4 crashes happen within 25 miles of home and at speeds of less than 40 miles per hour.

2. **As of July 1988, 32 States and D.C. had passed mandatory safety belt use laws and all States plus D.C. have child passenger safety laws.**

   True

   Just about every State legislature has or is considering such legislation and many States are in the process of upgrading their child passenger safety laws.

3. **Air bags are sensitive devices that will easily inflate if a car travels over railroad tracks or hits a pothole.**

   False

   An accidental inflation is an extremely rare event. Even if one occurred, the driver would not likely lose control because of the small size of the driver's air bag and the rapid inflation/deflation cycle. Research conducted by manufacturers has included subjecting drivers to accidental air bag inflations. The test drivers did not lose control when exposed to an unexpected inflation.

4. **The long term reliability of air bags has not been determined.**

   False

   Air bags have an impressive reliability record. Mercedez-Benz reported that by the end of 1987, 329,000 air bag equipped cars had logged over 5 billion miles. 242 crashes of air bag equipped cars were investigated, and in every case, the air bag functioned as designed. The company had no knowledge of an inadvertent deployment occurring.

5. **A car must be involved in a crash of at least 30 miles per hour in order to activate the air bag system.**

   False*

   In a frontal crash equivalent to hitting a brick wall at a speed greater than 12 miles per hour or a parked car at 25 miles per hour, a crash sensor activates the air bag.

6. **Once activated by a crash, it takes less than one second for an air bag to inflate and then start to deflate.**

   True

   Within one-tenth of a second after impact, the bag is filled to create a protective cushion between the person and the steering wheel, dashboard and windshield. The air bag inflates and then deflates rapidly, the whole cycle being over in less than one second.

7. **Automatic safety belts do not have to be buckled or unbuckled.**

   True

   The belts moves automatically around front seat occupants when the car doors are closed. There are two types of automatic belts: one is attached to a track over the door and is operated by a small electric motor. The other is attached to the car's door and moves into place when the door is closed.

8. **Automatic belts are difficult to disconnect in case of an emergency and would entrap occupants in the vehicle.**

   False

   All types of automatic belts can be easily released in an emergency situation. Some belts can be unbuckled and detached from the door.

9. **As of September 1989, all new cars sold in the U.S. must be equipped with automatic belts or air bags.**

   True

   The phase in of automatic protection for front seat occupants began with the 1987 model year cars and will be completed with the 1990 model year.

10. **Child safety seats can be used in the front seat of all cars equipped with automatic belts.**

    False

    Automatic safety belts are not designed, and should not be used, to install child safety seats in a car. A manual lap belt must be used to install the child safety seat in the front seat. For cars without the manual lap belt, the child safety seat must be installed in the rear seat.

11. **Air bags provide the best overall protection in all types of crashes (i.e. frontal, rear, rollover).**

    False

    Air bags are designed for protection in frontal crashes which account for more than 60 percent of motor vehicle fatalities. For adequate protection in all crash situations the air bag must be used in combination with safety belts.

12. **An air bag is inflated with nitrogen, a harmless substance that is a key ingredient in the air we breathe.**

    True

    On impact, the inflation process is triggered when a chemical called sodium azide is ignited and converted to nitrogen gas. Sodium azide has been used for medicinal and agricultural purposes for 40 years and in the permanently sealed container used with an air bag system, poses no threat to automobile occupants.

13. **Air bags should be replaced every four years.**

    False

    Air bag systems are designed to have an effective operating life exceeding that of the vehicle in which they are installed. Air bags installed in cars during 1974-76 are still protecting people in crashes today.

14. **Some cars with automatic shoulder belts do not have lap belts.**

    True

    Cars equipped with shoulder belts without lap belts have knee bolsters to prevent occupants from submarining under the dash in the event of a crash.

#

MAKE A PROMISE THAT MAY SAVE YOUR LIFE!

Safety belts save lives and reduce injuries. They are easy to use and take only seconds to put on. You gamble with your life by going unbuckled. A traffic crash can happen to you!

Most Hoosiers know that wearing safety belts is the safe thing to do, but many don't buckle up all the time because they haven't developed the safety belt habit. Here's one good way to start this lifesaving habit.

Make the Buckle-Up Promise. Sign a personal promise to wear a safety belt every time you ride in any vehicle.

Set a goal for buckling up that you feel you can reach—7 days, 14 days, 21 days, or whatever is realistic for you. Your promise should, however, last for at least 7 days.

It's important to let others know about your promise. Think of at least one other person to tell. Ask them to check on how well you're doing. Tell us about your promise too.

Making Your Buckle-Up Promise Work

1. Fill out the Buckle-Up Promise card. Sign it and send the card to us.
2. Fill out the Buckle-Up Promise Reminder. When you get home, put it where it will be a constant reminder, such as on the refrigerator door.
3. Hang the Reminder Tag on the back of the inside rearview mirror of your vehicle. You should be able to see the words "Buckle Up" below the mirror. Check if the tag will block the driver's view. Take it down if it does or you can't see the words "Buckle Up." Put the tag instead where you'll see it when you get in the vehicle.
4. Try some of the tips suggested on the other side to help you keep your promise.

MY BUCKLE-UP PROMISE

I promise to wear my safety belt every time I drive or ride in any vehicle for the next ____ days. I want to start the safety belt habit for life!

I will tell at least one other person about my Buckle-Up Promise.

SIGNATURE ________ DATE ________

Printed Name ________

Address ________

City ________ State ________ Zip ________

Please send me ____ "Buckle-Up Promise" cards to give to others that I care about.

TEAR HERE

REMINDER TAG

WARNING: DO NOT HANG WHERE TAG BLOCKS DRIVER'S VIEW

BUCKLE UP

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REMINDER
TAG

WARNING: DO NOT
HANG WHERE TAG
BLOCKS DRIVER'S VIEW

BUCKLE UP

TEAR HERE

FROM

TO

PUT
STAMP
HERE

MY BUCKLE-UP PROMISE REMINDER

My Promise. I have given my promise to wear a safety belt every time I drive or ride in any vehicle for ______ days in a row beginning on __________________________, 19____. I will tell ______________________________________ about my Buckle-Up Promise. I want to start the safety belt habit for life!

Helpful Tips. To help you keep your promise, try these tips that have worked for others:

1. **Make it routine** whenever you get in a vehicle by buckling up the same way and at the same time. Practice your routine.
2. **Do it every time** you ride in any vehicle, in the front and back seat, on short rides and longer trips.
3. **Remind yourself** by using the Reminder Tag or by putting another buckle-up sticker where you'll see it every time you get in your vehicle (dashboard, steering wheel, or sun visor).
4. **Get a little help** from your family, friends, and others you ride with. Tell them about your promise; ask them to remind you.
5. **Ask others to buckle up.** One way to remind yourself is to remind others. Invite them to join you in making the Buckle-Up Promise.
6. **Reward yourself** each time you buckle up (example: treat yourself to a goodie). Give yourself a special reward, such as dinner out or the movies, for keeping your promise.
7. **Make a record** of your safety belt use. Keep a notepad in your vehicle to write down how well you do.
8. **Keep trying** even if you're not completely successful at first. Be patient and give it time. If you really want to, you will soon get the safety belt habit.

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Notes

Appendix

RESOURCE ORGANIZATIONS AND PEOPLE

		Pages	
A.	**Colleges with Resources in this Manual**	363–364	Includes: • Names and addresses of all colleges and universities who contributed to this manual
B.	**National Organizations**	365–368	Includes: • Names and addresses of all national organizations involved in alcohol and other drug use problem prevention and traffic safety promotion
C.	**Governors' Highway Safety Representatives and Coordinators**	369–374	Includes: • Names, addresses and phone numbers of all highway safety representatives and coordinators

COLLEGES WITH RESOURCES IN THIS MANUAL

Adelphi University
Office of Alcohol Counseling
Garden City, NY 11530

University of Arkansas at Monticello
Office of the Dean of Students
Monticello, AR 71655

Boston College
Dean of Students Office
Chestnut Hill, MA 02167

Brown University
Dean of Students Office
Providence, RI 02912

Bryant College
Health Education
Smithfield, RI 02917

Bowling Green State University
Counseling and Career Development
Bowling Green, OH 43402

University of Central Arkansas
Conway, AR 72032

Colorado State University
Vice President, Student Affairs
Fort Collins, CO 80523

Dartmouth College
Student Activities
Hanover, NH 03756

University of Delaware
Department of University Housing
Newark, DE 19716

Duke University
Health Education Medical Center
Durham, NC 27710

Florida State University
305 Bryan Hall
Tallahassee, FL 32306

Georgia Institute of Technology
Dean of Students Office
Atlanta, GA 30332

Greenville Technical College
Student Activities
Greenville, SC 29606

Hobart and William Smith Colleges
Vice President for Student Affairs
Geneva, NY 14456

University of Illinois
McKinley Health Center
Urbana, IL 61801

Indiana University
Alcohol Education Office
Bloomington, IN 47405

Iowa State University
Dean of Students Office
64 Memorial Union
Ames, IA 50011

University of Kentucky
Human Relations Center
Lexington, KY 00585

Kutztown State University
Vice President for Student Affairs
Kutztown, PA 19530

University of Maryland
Baltimore County
Alcohol and Other Drug Education Program
Baltimore, MD 21228

University of Massachusetts
Office of Alcohol Education
Amherst, MA 01002

Michigan State University
East Lansing, MI 48823

University of Nebraska
Lincoln, NE 68508

University of Georgia
Department of University Housing
Athens, GA 30602

University of North Carolina
Chapel Hill, NC 27514

North Dakota State University
Sociology Department - Minard Hall
Fargo, ND 58105

Ohio State University
Dean of Students
Columbus, OH 43210

Oregon State University
Department of Health
Corravalis, OR 97331

Pennsylvania State University
Total Alcohol Program
University Park, PA 16802

University of Pittsburgh
Student Life Programs
Pittsburgh, PA 15213

Radford University
Dean of Students Office
Radford, VA 24142

Rhode Island College
Student Life Office
Providence, RI 02908

University of Richmond
Student Activities
Richmond, VA 23173

Rutgers University
301 Van Nest Hall
New Brunswick, NJ 08903

University of South Carolina
Office of Alcohol and Drug Education
Columbia, SC 29208

St. Olaf College
Dean of Students
Northfield, MN 55057

College of St. Thomas
Dean of Students
St. Paul, MN 55015

Northern Michigan University
Marquette, MI 49855

Virginia Tech
Office of Student Activities
Blacksburg, VA 24061

University of Vermont
Office of the Dean of Students
Burlington, VT 05405

Virginia Commonwealth University
Vice President, Student Affairs
Richmond, VA 23220

Wellesley College
Stone Center Counseling Services
Wellesley, MA 02181

West Virginia University
Vice President, Student Affairs
Morgantown, WV 26506

University of Wisconsin-Stevens Point
Counseling Center
Stevens Point, WI 54481

University of Wisconsin-Whitewater
Whitewater, WI 53190

Washington State University
Student Services Research
Pullman, WA 99164

NATIONAL ORGANIZATIONS

Addiction Research Foundation
33 Russell Street
Toronto, Ontario M6S 2S1
CANADA

Al-Anon Family Group Headquarters
Box 182 Madison Square Station
New York, NY 10010

Alateen
Box 182 Madison Square Station
New York, NY 10010

Alcohol and Drug Abuse Educ Prog
U.S. Office of Education
400 Maryland Avenue SW
Washington, DC 20001

Alcohol Research Information Servs
1120 East Oakland Avenue
Lansing, MI 48906

Alcoholics Anonymous
Box 459 Grand Central Station
New York, NY 10017

Alliance of American Insurers
1501 Woodfield Road
Schaumburg, IL 60195

American Academy of Pediatrics
1801 Hinman
Evanston, IL 60202

American Automobile Association
Alcohol Education Programs
Traffic Safety Department
8111 Gatehouse Road
Falls Church, VA 22047

American Business Men's Research
1208 Michigan National Tower
Lansing, MI 48933

American College
of Emergency Physicians
P.O. Box 317
Highland Springs, VA 23075

American Council on Drug Education
5820 Hubbard Drive
Rockville, MD 20852

American Council on Alcohol Probs
2908 Patricia Drive
Des Moines, IA 50322

American Driver and Traffic Safety
Education Association
123 North Pitt Street
Alexandria, VA 22314

American Medical Association
Safety Education Department
535 North Dearborn Street
Chicago, IL 60610

American Medical Society on Alcoholism
12 West 21st Street, 7th Floor
New York, NY 10010

American Red Cross
National headquarters
Youth Services Division
17th and D Streets, NW
Washington, DC 20006

Assoc of Halfway House Alcoholism
Progs of North America (AHHAP)
786 East 7th Street
St. Paul, MN 55106

Association of Labor Management
Administrators & Consultants
on Alcoholism
1800 N. Kent Street, Suite 907
Arlington, VA 22209

The Beer Institute
1750 K Street, NW
Suite 500
Washington, DC 20006

Boost Alcohol Consciousness Concerning the
Health of University Students (BACCHUS)
P.O. Box 1197
Washington, DC 20013

Center for Science in the Public Interest
(CSPI)
1501 16th Street NW
Washington, DC 20036

Charlotte Drug Education Center
1416 E. Morehead Street
Charlotte, NC 28204

Children of Alcoholics Foundation
(COAF)
540 Madison Avenue, 23rd Floor
New York, NY 10022

Citizens Council on Women,
Alcohol & Drugs
8293 Main Street
Ellicott City, MD 21043

Council on Alcohol Policy
222 Willamette Street
Berkeley, CA 94708

Distilled Spirits Council of
the United States (DISCUS)
1250 I Street NW
Suite 9000
Washington, DC 20004

Doctors Ought to Care (DOC)
Dept. of Family Medicine
Medical College of Georgia
Augusta, GA 30912

Drug Enforcement Administration (DEA)
President's Drug Awareness Campaign
U.S. Department of Justice
Washington, DC 20537

800-COCAINE
Fair Oaks Hospital
19 Prospect Street
Summit, NJ 07901

Families in Action
3845 North Druid Hills Road
Suite 300
Decatur, GA 30033

Freedom from Chemical Dependency
Foundation
26 Cross Street
Needham, MA 02194

Hazelden Health Promotion Services
1400 Park Avenue South
Minneapolis, MN 55404-1597

Highway Users Federation
1766 Massachusetts Avenue NW
Washington, DC 20036

Insurance Information Institute
110 Williams Street
New York, NY 10038

International Council on Alcohol &
Addiction/American Foundation
ICAA/American
PO Box 489
Locust Valley, NY 11560

The Johnson Institute
10700 Olson Memorial Highway
Minneapolis, MN 55441

Mothers Against Drunk Drivers (MADD)
669 Airport Freeway, #310
Hurst, TX 76053

Minnesota Prevention Resource Center
2829 Verndale Avenue
Anoka, MN 55303

Multi-Cultural Prevention Work Group
Allegheny County MHMR/DA Program
429 Forest Avenue, 9th Floor
Pittsburgh, PA 15219

National Association for Children
of Alcoholics
PO Box 421691
San Francisco, CA 94142

National Association of Alcoholism
and Drug Abuse Counselors
951 S. George Mason Drive
Arlington, VA 22204

National Association of Alcoholism
Treatment Programs, Inc. (NAATP)
2082 Michelson Drive
Irvine, CA 92715

National Association of Governors'
Highway Safety Representatives
444 North Capitol St. NW
Suite 524
Washington, DC 20001

National Association of Secondary
School Principals
Division of Student Activities
1904 Association Drive
Reston, VA 22091

National Association of State Alcohol
and Drug Abuse Directors
444 N. Capitol St., NW
Suite 520
Washington, DC 20001

National Black Alcoholism Council
417 South Dearborn St.
Suite 700
Chicago, IL 60605

National Nurses Society on Addiction
2506 Gross Point Road
Evalston, IL 60201

Nat'l Child Passenger Safety Assoc
PO Box 841
Ardmore, PA 19003

National Clearinghouse for Alcohol
and Drug Information (NCADI)
Box 2345
Rockville, MD 20852

National Council on Alcoholism (NCA)
12 West 21st St., 7th Floor
New York, NY 10010

National Federation of Parents (NFP)
for Drug-Free Youth
8730 Georgia Avenue
Suite 200
Silver Spring, MD 20910

National Highway Traffic Safety Admin.
Office of Alcohol and State Programs
NTS-21
400 7th St., SW
Washington, DC 20590

National Institute on Alcohol Abuse
and Alcoholism
Parklawn Building
5600 Fishers Lane
Rockville, MD 20852

National Institute on Drug Abuse
Parklawn Building
5600 Fishers lane
Rockville, MD 20852

Nat'l Licensed Beverage Association
309 N. Washington St.
Alexandria, VA 20857

National PTA, Alcohol Educ Project
700 North Rush St.
Chicago, IL 60611

National Restaurant Association
311 First St. NW
Washington, DC 20001

National Safety Council
444 North Michigan Avenue
Chicago, IL 60601

Pacific Institute for Research and Evaluation
JUST SAY NO
7101 Wisconsin Avenue, Suite 612
Bethesda, MD 20184

Parent Resources Institute on Drug Education
Woodruff, Building, Suite 1216
100 Edgewood Avenue NE
Atlanta, GA 30303

Pharmacists Against Drug Abuse
Foundation
PO Box 776
SpringHouse, PA 19477

Remove Intoxicated Drivers
PO Box 520
Schenectady, NY 12301

Research Society on Alcoholism (RSA)
University of Illinois Medical Center
PO Box 6998
Chicago, IL 60680

Rutgers Center of Alcohol Studies
Rutgers University
New Brunswick, NJ 80903

Traffic Safety Now, Inc.
Motor Vehicles Manufacturers Assoc
1620 I Street, NW
Washington, DC 20006

U.S. Government Printing Office
Superintendent of Documents
Washington, DC 20402

Wisconsin Clearinghouse for Alcohol
and Other Drug Information
1954 E. Washington Ave.
Madison, WI 53704

GOVERNORS' HIGHWAY SAFETY REPRESENTATIVES

ALABAMA

Department of Community and Economic Affairs
PO Box 2939
Montgomery, Alabama 36105-0939
Phone - (205) 261-3572

ALASKA

Commissioner, Dept of Public Safety
Pouch N
Juneau, Alaska 99801
Phone - (907) 465-4300

ARIZONA - Governor Evan Mecham

Governor's Highway Safety Rep
Office of Highway Safety
3010 N. Second Street, Suite 105
Phoenix, Arizona 85004
Phone - (602) 255-3216

ARKANSAS

Arkansas Highway Safety Program
#1 Capitol Mall, Level 4B, Suite 215
Little Rock, Arkansas 72201
Phone - (501) 371-1101

CALIFORNIA

Office of Traffic Safety
Business and Transportation Agency
7000 Franklin Boulevard, Suite 330
Sacramento, California 95823
Phone - (916) 445-0527

COLORADO

Division of Highway Safety
4201 East Arkansas Avenue
Denver, Colorado 80222
Phone - (303) 757-9452

CONNECTICUT

Governor's Representative
Department of Transportation
Bureau of Highways
24 Wolcott Hill Road
Wethersfield, Connecticut 06109
Phone - (203) 566-4248

DELAWARE

Office of Highway Safety
Suite 363, Thomas Collins Building
540 S. Dupont Highway
Dover, Delaware 19901
Phone - (302) 735-4475

DISTRICT OF COLUMBIA

Department of Public Works
Frank D. Reeves Center
2000 14th Street, NW, 6th Floor
Washington, DC 20009
Phone - (202) 939-8000

FLORIDA

Governor's Highway Safety Rep
Department of Community Affairs
2571 Executive Center Circle East
Tallahassee, Florida 32399
Phone - (904) 488-8466

GEORGIA -

Office of Highway Safety
PO Box 1497
950 Confederate Avenue, SE
Atlanta, Georgia 30301
Phone - (404) 656-6996

HAWAII

Governor's Highway Safety Rep
Department of Transportation
869 Punchbowl Street
Honolulu, Hawaii 96813 (808) 548-4655

IDAHO

Idaho Department of Transportation
Box 7129
Boise, Idaho 83707
Phone - (208) 334-3682

ILLINOIS

Division of Traffic Safety
319 Administration Building
2300 South Dirksen Parkway
Springfield, Illinois 62764
Phone - (217) 782-4972

INDIANA

Governor's Rep for Hwy Safety
State Capitol - Room 210
Indianapolis, Indiana 46204
Phone - (317) 232-4579

IOWA

Iowa Department of Public Safety
Wallace State Office Building
Des Moines, Iowa 50319
Phone - (515) 281-5261

KANSAS

Secretary of Kansas Dept of Trans.
State Office Building
Topeka, Kansas 66612
Phone - (913) 296-3461

KENTUCKY

Kentucky State Police Headquarters
919 Versailles Road
Frankfort, Kentucky 40601-9980
Phone - (502) 695-6300

LOUISIANA

Louisiana Hwy Safety Commission
PO Box 66336
Baton Rouge, Louisiana 70896
Phone - (504) 925-6991

MAINE

Official Highway Safety Representative
Department of Public Safety
36 Hospital Street
Augusta, Maine 04330
Phone - (207) 239-2581

MARYLAND

Secretary of Transportation
PO Box 8755
Baltimore-Washington Inter'l Airport
Baltimore, Maryland 21240-0755
Phone - (301) 859-7397

MASSACHUSETTS

Governor's Highway Safety Rep
100 Cambridge Street, Room 2104
Boston, Massachusetts 02202
Phone - (617) 727-5074

MICHIGAN

Executive Director
Office of Highway Safety Planning
300 Washington Square, Suite 300
Lansing, Michigan 48913
Phone - (517) 334-7900

MINNESOTA

Dept of Public Safety - Trans Building
St. Paul, Minnesota 55155
Phone - (612) 296-6642

MISSISSIPPI

Governor's Rep for Hwy Safety
Governor's Highway Safety Program
301 W. Pearl Street
Jackson, Mississippi 39203-3085
Phone - (601) 949-2225

MISSOURI

Department of Public Safety
PO Box 749
Jefferson City, Missouri 65102
Phone - (314) 751-4161

MONTANA

Highway Traffic Safety Division
Department of Justice
303 North Roberts
Helena, Montana 59620
Phone - (406) 444-3412

NEBRASKA

Director, Dept of Motor Vehicles
State Office Building
State House Station 94789
Lincoln, Nebraska 68509
Phone - (402) 471-2281

NEVADA

Governor's Hwy Safety Representative
Department of Motor Vehicles
555 Wright Way, Room 258
Carson City, Nevada 89711
Phone - (702) 885-5375

NEW HAMPSHIRE

New Hampshire Hwy Safety Agency
117 Manchester Street
Concord, New Hampshire 03301
Phone - (603) 271-2131

NEW JERSEY

Division of Motor Vehicles
State of New Jersey
25 South Montgomery Street
Trenton, New Jersey 08666
Phone - (609) 292-4570

NEW MEXICO

Acting Secretary of Transportation
Joseph M. Montoya Building
PO Box 1028
Santa Fe, New Mexico 87503
Phone - (505) 827-0341

NEW YORK

New York Dept of Motor Vehicles
Empire State Plaza - Swan Street Bldg
Albany, New York 12228 (518) 474-0841

NORTH CAROLINA

Governor's Highway Safety Program
215 East Lane Street
Raleigh, North Carolina 27601
Phone - (919) 733-3083

NORTH DAKOTA

Highway Commissioner
North Dakota Highway Department
600 East Boulevard Avenue
Bismarck, North Dakota 58505-1078
Phone - (701) 224-2581

OHIO

Department of Highway Safety
PO Box 7167
Columbus, Ohio 43205
Phone - (614) 466-2550 or 3383

OKLAHOMA

Governor's Representative
Oklahoma Highway Safety Office
Oklahoma Dept. of Transportation Bldg.
200 NE 21st Street, D-1
Oklahoma City, Oklahoma 73105
Phone - (405) 521-3314

OREGON

Oregon Traffic Safety Commission
State Library Building-Fourth Floor
Salem, Oregon 97310
Phone - (503) 378-3670 or 3669

PENNSYLVANIA

Deputy Secretary for Safety Administration
Commonwealth of Pennsylvania
1200 Transportation & Safety Building
Harrisburg, Pennsylvania 17120
Phone - (717) 787-3928

PUERTO RICO

Secretary of Trans and Public Works
Box 8218
Santurce, Puerto Rico 00910
Phone - (809) 726-7170 or 6670

RHODE ISLAND

Department of Transportation
Governor's Highway Safety Representative
State Office Building - Smith Street
Providence, Rhode Island 02903
Phone - (401) 277-2481

SOUTH CAROLINA

Office of Highway Safety Programs
Edgar A. Brown State Office Building
1205 Pendleton Street, Room 453
Columbia, South Carolina 29201
Phone - (803) 734-0421

SOUTH DAKOTA
Office of Operations - Capitol Building
500 E. Capitol Avenue, First Floor
Pierre, South Dakota 57501
Phone - (605) 773-3661

TENNESSEE

Department of Transportation
James K. Polk State Office Building
505 Deaderick Street, Suite 700
Nashville, Tennessee 37219
Phone - (615) 741-2848

TEXAS

Governor's Representative
State Dept of Hwys and Public Trans
11th and Brazos
Austin, Texas 78701
Phone - (512) 463-8616

UTAH

Department of Public Safety
4501 South 2700 West
Salt Lake City, Utah 84119
Phone - (801) 965-4461

VERMONT

Secretary of Transportation
133 State Street
Montpelier, Vermont 05502
Phone - (802) 828-2557

VIRGINIA

Department of Motor Vehicles
PO Box 27412
Richmond, Virginia 23269
Phone - (804) 257-6602

WASHINGTON

Washington Traffic Safety Commission
1000 S. Cherry Street
Olympia, Washington 98504
Phone - (206) 753-6197

WEST VIRGINIA

Governor's Hwy Safety Representative
Criminal Justice and Hwy Safety Office
5790-A MacCorkle Avenue
Charleston, West Virginia 25304
Phone - (304) 348-8814

WISCONSIN

Secretary, Wisconsin Office of Hwy Safety
PO Box 7910
4802 Sheboygan Avenue
Madison, Wisconsin 53707
Phone - (608) 266-1113

WYOMING

State Hwy Safety Engineer
Wyoming Hwy Safety Department
Hwy Safety Branch
PO Box 1708
Cheyenne, Wyoming 82002-9019
Phone - (307) 777-7296

VIRGIN ISLANDS

Governor's Representative
Virgin Island Office of Hwy Safety
PO Box 1847
Fredricksted, St. Croix
Virgin Islands 00840
Phone - (809) 772-3025 or 2946

AMERICAN SAMOA

Governor's Representative
Commissioner of Public Safety
PO Box 1086
Pago Pago, American Samoa 96799
Phone - (684) 633-4116
(Through inter'l operator)

GUAM

Acting Governor's Highway Safety Representative
Department of Public Works
P.O. Box 2950
Agana, Guam 96910
Phone (617) 646-8643
(Through inter'l operator)

NATIVE AMERICANS

Department of the Interior
1951 Constitution Avenue NW
Washington, DC 20245

Bureau Safety Manager
US Department of Interior
Bureau of Indian Affairs
Division of Safety Management
PO Box 2186
Albuquerque, New Mexico 87103
FTS - 8-474-2863 or 2951
Commercial - (505) 766-2863

NORTHERN MARIANA ISLANDS

Representative - Edward Manibusan
Department of Public Safety
Commonwealth of the Northern
Mariana Islands
Saipan, Northern Mariana Islands 96950
Phone - (570) 234-6333 or 6431
(Through inter'l operator)

Notes

A WINNING COMBINATION

An alcohol, other drug, and traffic safety handbook for college campuses